



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

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*** *** ***



AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123

[REDACTED], INC.

[REDACTED] 100

[REDACTED]

AIRBAG INVESTIGATION

CASE NO. 93-02

[REDACTED], LOUISIANA

Contract No. DTHN 22-87-C-17169

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the precrash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

[REDACTED] INC.

AIRBAG INVESTIGATION

CASE NO. 93-02

[REDACTED], LOUISIANA

TECHNICAL REPORT

TECHNICAL REPORT STANDARD TITLE PAGE

| | | | | | |
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| 1. Report No. | | 2. Government Accession No. | | 3. Recipient's Catalog No. | |
| 4. Title and Subtitle NCSI Air Bag Investigation Case No. | | | | 5. Report Date [REDACTED] 1993 | |
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| 7. Author(s) Accident Investigation Team [REDACTED] | | | | 8. Performing Organization Report No. | |
| 9. Performing Organization Name and Address [REDACTED] Inc. [REDACTED], VA [REDACTED] | | | | 10. Work Unit No. | |
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| 12. Sponsoring Agency Name and Address U.S. Department of Transportation NHTSA - National Highway Traffic Safety Administration | | | | 13. Type of Report and Period Covered Technical Report Accident Date [REDACTED] 93 | |
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| 15. Supplementary Notes 1992 Nissan NX 1600 (case vehicle) and 1986 Chevrolet Suburban | | | | | |
| 16. Abstract See Summary (pp. 1-2) | | | | | |
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TABLE OF CONTENTS

| <u>Item</u> | <u>Page No.</u> |
|--|-----------------|
| Summary | 1 |
| Accident Schematic | 2 |
| Identification | 3 |
| Ambience | 3 |
| Roadway | 3 |
| Traffic Controls | 4 |
| Vehicles | 4 |
| Vehicle Damage | 5 |
| Collision Sequence | 6 |
| Relevant Safety Issues | 7 |
| Human Factors/Occupant Data/Airbag Vehicle | 7 |
| Driver Injuries | 7 |
| Driver Kinematics | 8 |
| Human Factors/Occupant Data/Vehicle #2 | 8 |
| List of Attachments | 9 |
| Other Sources of Data | 9 |
| Selected Prints | 10 |
| Slide Index | 22 |
| Appendix A: Police Accident Report | 23 |
| Appendix B: NASS Data Collection Forms | 27 |
| Appendix C: Airbag Supplement | 72 |

NCSI In-Depth Accident Investigation Team
Airbag Accident Investigation
[REDACTED], Louisiana
Case No. 93-02

SUMMARY

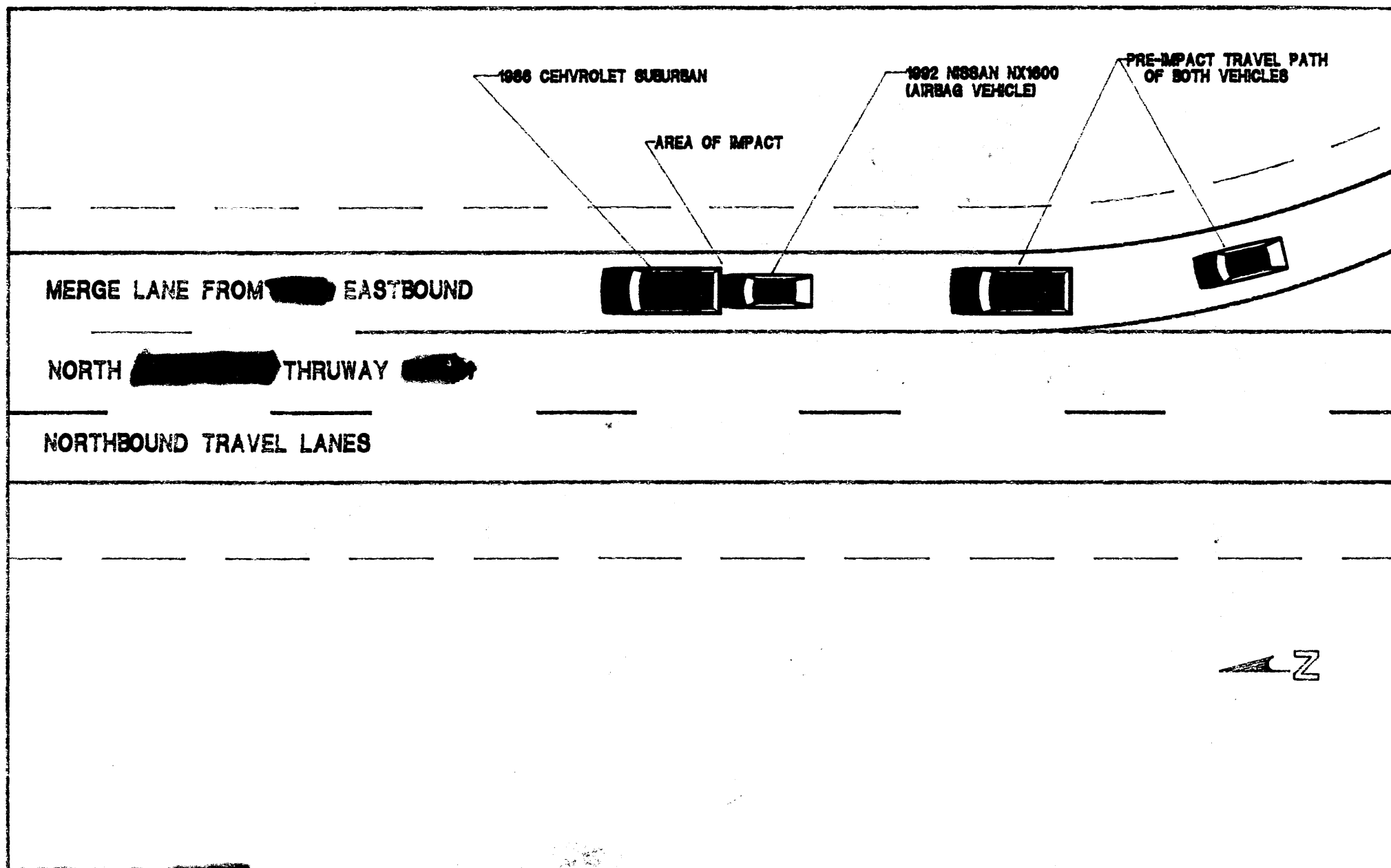
This is an in-depth study of an accident involving an airbag equipped 1992 Nissan NX1600 three-door hatchback and a 1986 Chevrolet Suburban. The accident occurred on [REDACTED] 1993 at [REDACTED] hours on the entrance ramp to [REDACTED] (Interstate Highway [REDACTED]) from Interstate Highway [REDACTED] in [REDACTED], Louisiana. The accident was investigated on-site by the [REDACTED] Police Department. In-depth scene and vehicle inspections were conducted [REDACTED] 1993 by [REDACTED].

In the vicinity of the accident, traffic from [REDACTED] eastbound lanes travels clockwise 270 degrees to merge with the [REDACTED] northbound lanes. Traffic from the [REDACTED] northbound lanes also uses this merge lane to exit to the [REDACTED] westbound lanes. Traffic appears to be very congested in this area. The speed limit for the ramp is 35 miles per hour.

According to the police accident report, the Suburban and the NX 1600 were exiting [REDACTED] eastbound to travel north on [REDACTED]. Both vehicles were stopped awaiting an opening in the northbound traffic flow in order to enter [REDACTED]. The Suburban was ahead of the NX 1600. The driver stated that she observed the Suburban move forward and she turned her head to her left to see if she would be able to proceed on to [REDACTED]. The next thing that she noticed was that the airbag in the NX 1600 had deployed. She stated that the Suburban had moved a short distance forward and stopped. The frontal surface of the NX 1600 impacted the back bumper of the Suburban in a 6 o'clock / 12 o'clock impact, resulting in the deployment of the driver airbag in the NX 1600. Both vehicles came to rest near the area of impact headed north.

The driver of the NX 1600 stated that she suffered multiple fractures of her right forearm and was transported to a local hospital for treatment. No injuries were reported to the three occupants of the Suburban.

A CDC of 12 FYEW-1 was assigned to the damage to the airbag-equipped NX 1600. Maximum residual crush to the front of the NX 1600 was less than 1 inch to the front bumper. Only a small scratch and rub were noted to the plastic bumper cover. The Suburban was not inspected, but the only damage to it was apparently to the back bumper, which had to be replaced.



| | | | |
|--|---|-----------------------------------|--------------------|
| STATES INDEPTH ACCIDENT INVESTIGATION TEAM ACCIDENT DATE: [REDACTED] 1993 | CASE 93-02 LOCATION: [REDACTED], LOUISIANA | NATIONAL CAPITOL SYSTEMS, INC. | SCALE: 1" = 20' |
|--|---|-----------------------------------|--------------------|

NCSI IN-DEPTH ACCIDENT INVESTIGATION
AIRBAG ACCIDENT INVESTIGATION

FLEET - Private Owner
LOCATION - ~~Jefferson~~, Louisiana
CASE NO. - 93-02

IDENTIFICATION

Location/Street: ~~North~~ Thruway ~~101~~
Area/Type: Urban
Accident Date/Time: ~~10/10/93~~ 1993 @ ~~10:00~~ hours
Notification Date: ~~10/10/93~~, 1993
Investigating Police Agency: ~~Jefferson~~ Police Department
Accident Type: Car / Utility vehicle - Rear-end
Air Bag Vehicle
Occupant Injury Severity: Moderate (AIS-2)

AMBIENCE

Viewing Conditions: Daylight
Weather: Cloudy
Precipitation: None
Road Surface: Dry

ROADWAY

Location: ~~North~~ Thruway
(Interstate Highway ~~101~~)
Type: Arterial
Width: 34.9' roadway 12.0' ramp
Number of Lanes: Six (Two travel lanes and one
merge lane each direction)
Median: Grass
Surface Material: Concrete
Road Edge: Paved shoulders
Traffic Density:

ROADWAY, CONTINUED

Coefficient Of Friction: .80 (estimated)
Vertical Alignment: Level (at impact)
Horizontal Alignment: Right-hand curve

TRAFFIC CONTROLS

Signals/Signs: None
Speed Limit: 35 miles per hour

| <u>VEHICLES</u> | <u>Airbag Vehicle</u> | <u>Vehicle #2</u> |
|---------------------------|--|-------------------|
| Year: | 1992 | 1986 |
| Make: | Nissan | Chevrolet |
| Model: | NX 1600 | Suburban |
| Body Style: | Three-door hatchback | Utility vehicle |
| V.I.N.: | JN1EB36CXNU***** | 1G8EC16C5G***** |
| Exterior Color: | Black | Unknown |
| Odometer Reading: | Unknown at time of crash | Unknown |
| Securiflex Windshield: | Not equipped | |
| Engine: | 4 cyl/1600 cc. | |
| Transmission: | Five speed manual w/ floor mounted selector | |
| Steering: | Power-assisted | |
| Brake System: | Power-assisted | |
| Interior Padding: | Instrument panel, door panels, arm- rests, head re- straints, sunvisors, upper "A" pillars, steering wheel. | |

VEHICLES, CONTINUED


Driver Active
Restraint System
Availability: Active three-point
lap and shoulder belt

Driver Active
Restraint System
Usage: Active three-point
lap and shoulder belt

Usage Source: Driver interview

Passive Restraint
System: Driver airbag

VEHICLE DAMAGE

| | <u>Airbag Vehicle</u> | <u>Vehicle #2</u> |
|------------------|--|---|
| Object Struck: | Vehicle #2  | Airbag vehicle |
| Event Number: | One | One |
| Damage Location: | Front | Back |
| CDC: | 12-FDEW-1 | Unknown |
| Tow Status: | Non-tow | Non-tow |
| Exterior Damage: | <p>The frontal surface of the airbag vehicle struck the back surface of the Suburban in a rear-end impact. Direct damage and direct plus induced damage extended approximately 53.0 inches across the frontal plane of the NX 1600. Maximum residual crush to the frontal surface was less than 1 inch to the front bumper. Crush measurements taken across the frontal plane were:</p> <p>C1 = 0.8 inches C2 = 0.2 inches C3 = 0.2 inches C4 = 0.0 inches C5 = 0.0 inches C6 = 0.0 inches</p> | <p>The back surface of the Suburban was struck by the frontal surface of the NX 1600 in a rear-end impact. The vehicle was not inspected by the author of this report. Damage was reported to be light, with only the rear bumper replaced.</p> |

VEHICLE DAMAGE, CONTINUED

| | | |
|---------------------|--|---|
| Damaged Components: | Damaged components included the front bumper cover and airbag. | The only damaged component reported was the rear bumper. |
| Interior Damage: | The front bumper cover sustained scratches and a rub from the impact, and the airbag deployed. | The Suburban was not inspected, but no damage to the interior was reported. |

COLLISION SEQUENCE

Pre-crash: At approximately [REDACTED] hours on [REDACTED] 1993, the case vehicle, a 1992 Nissan NX 1600 three-door hatchback equipped with a driver airbag supplemental restraint system and a 1986 Chevrolet Suburban utility vehicle were traveling east Interstate [REDACTED] in [REDACTED], Louisiana. Both vehicle exited [REDACTED] and traveled clockwise approximately 270 degrees along the ramp which exits [REDACTED] and merges with the [REDACTED] Thruway (Interstate [REDACTED]). The driver of the NX 1600 stated that the Suburban and her vehicle had stopped in the merge lane and were awaiting a break in the northbound traffic on [REDACTED] so they could enter the northbound lanes of [REDACTED]. She stated that the Suburban began to move forward, so she turned her head to the left to observe oncoming traffic. She also began to move her vehicle forward.

Crash: The frontal surface of the NX 1600 struck the back surface of the Suburban in a rear-end impact.

Post-crash: After the impact with the Suburban, both vehicles stopped near the point of impact headed north.

Police Activity: The [REDACTED] Police Department was notified of the accident at [REDACTED] hours and a unit arrived on the scene at [REDACTED] hours.

Rescue Activity: The driver of the NX 1600 was transported to a local hospital for treatment. None of the three occupants of the Suburban were transported. Both vehicles were driven from the accident site following the police investigation of the accident.

RELEVANT SAFETY ISSUES

Applicable Standards: FMVSS 208

Occupant Crash Protection: The 1992 Nissan NX 1600 was equipped with a factory installed driver supplemental airbag restraint system. The driver airbag was deployed as a result of the impact with the Suburban.

HUMAN FACTORS/OCCUPANT DATA/AIRBAG VEHICLE DRIVER DATA

Age: 44
Sex: Female
Height: 66 inches
Weight: 116 lbs.
Occupation: Unknown
Active Restraint System Usage: Three-point lap and shoulder belt
Usage Source: Driver interview
Vision: Apparently normal
Vehicle Familiarity: Daily
Route Familiarity: Unknown
Manner of Leaving Scene: Ambulance
Type of Medical Treatment: Treated and released - surgery later
Physical State: Apparently normal

DRIVER INJURIES

| <u>Injury Description</u> | <u>Severity</u> | <u>Source</u> |
|------------------------------------|------------------|---------------|
| Multiple fractures of right radius | Moderate (AIS-2) | Airbag |
| Multiple fractures of right ulna | Moderate (AIS-2) | Airbag |

Injury Coding

| | O.I.C. Body Region | Aspect | Lesion | System/ Organ | A.I.S. Severity | Injury Source | Direct/ Indirect Injury |
|-----|--------------------------|--------|--------|------------------|--------------------|------------------|-------------------------------|
| 1st | R | R | F | S | 2 | 45 | 1 |
| 2nd | R | R | F | S | 2 | 45 | 1 |

DRIVER KINEMATICS

The driver was apparently seated in a normal position and was fully restrained by the active three-point lap and shoulder belt system of the Nissan. In response to the frontal impact force she moved forward relative to the vehicle interior, striking the deployed airbag.

HUMAN FACTORS / OCCUPANT DATA / VEHICLE #2

DRIVER DATA

Age: 58
Sex: Male
Height: Unknown
Weight: Unknown
Active Restraint System Usage: Unknown
Manner of Leaving Scene: Drove vehicle
Type of Medical Treatment: Not injured

DRIVER INJURIES

The driver of the Suburban was apparently not injured in the crash.

HUMAN FACTORS / OCCUPANT DATA / VEHICLE #2 / OCCUPANT #2

OCCUPANT DATA

Seat Position: Front right
Age: 65
Sex: Male
Height: Unknown
Weight: Unknown
Active Restraint System Usage: Unknown
Manner of Leaving Scene: Not transported
Type of Medical Treatment: None known

OCCUPANT INJURIES

The front-right occupant of the Suburban was apparently not injured in the crash.

HUMAN FACTORS / OCCUPANT DATA / VEHICLE #2 / OCCUPANT #3

OCCUPANT DATA

| | |
|-----------------------------------|-----------------|
| Seat Position: | Rear left |
| Age: | 54 |
| Sex: | Female |
| Height: | Unknown |
| Weight: | Unknown |
| Active Restraint System Usage: | Unknown |
| Manner of Leaving Scene: | Not transported |
| Type of Medical Treatment: | None known |

OCCUPANT INJURIES

The rear-left occupant of the Suburban was apparently not injured in the crash.

LIST OF ATTACHMENTS

Police Accident Report
NASS Data Collection Forms
Airbag Supplement Form

SELECTED PRINTS
NCSI Case No. 93-02



1. Photo of accident site looking north along the pre-impact travel path of the NX 1600 and Suburban.



2. Additional view of pre-impact travel path of both vehicles.



3. Area of impact and final rest of both vehicles.



4. Additional view of impact and final rest area.



5. Opposite view of pre-impact travel path of both vehicles.



6. Opposite view from beyond impact and final rest.



7. Frontal view of the 1992 Nissan NX1600.



8. Closeup of possible scratches and transfer on the front bumper cover of the Nissan.



9-10. Additional frontal views of the Nissan.



11. Front-left view of the Nissan.



12. Front-right view of the Nissan.



13-14. Views looking down the frontal stringline of the Nissan.



15. Front-right overall view of the Nissan.



16. Back-left overall view of the Nissan.



17-18. Views of the driver's seat, driver's door, steering assembly and left instrument panel.



19-20. Views of center instrument panel and right instrument panel.



21. View of steering wheel and airbag cover flap.



22. Overall view of deployed airbag.



23. Closeup view of possible occupant contact to deployed airbag.

SLIDE INDEX
NCSI Case 93-02

SCENE SLIDES

- 1-3. Pre-impact travel path of the 1992 Nissan NX (equipped with a driver airbag) and the 1986 Chevrolet Suburban Northeast and north on the ramp from eastbound Interstate [REDACTED] to northbound Interstate [REDACTED] in [REDACTED] Louisiana.
- 4-5. Area of impact of the frontal surface of the NX with the rear surface of the Suburban in the merge lane on to Interstate [REDACTED] and final rest area of both vehicles.
- 6-8. Opposite view of the accident area.
- 9-16. Frontal views of the 1992 Nissan NX1600 showing damage from impact with the rear of the 1986 Chevrolet Suburban.
- 17. Front-left overall view of the NX.
- 18. Rear-left overall view of the NX.
- 19. Rear view of the NX.
- 20. Rear-right overall view of the NX.
- 21-28. Interior views of the NX showing possible occupant contacts to the airbag compartment cover and deployed airbag.
- 29-33. Views of the deployed airbag.
- 34-37. Views of the airbag sensors. (Missing Slide #37)



NC 9302 #1



NC 9302 #2



NC 9302 #3



NC9302 #4



NC9302 #5



NC 9302 #6



NC 9302 #7



NC 9302 #8



NC 9302 #9
Best Available



NC 9302 #10
Best Available



NC 9302 #11
Best Available



NC9302 #12
Best Available



NC 9302 #13
Best Available



NC 9302 #14
Best Available



NC 9302 #15



NC 9302 #16



NC 9302 #17
Best Available



NC 9302 #18
Best Available



NC 9302 #19
Best Available



NC 9302 #20
Best Available



NC 9302 #21



NC 9302 #22



NC9302 #23
Best Available



NC 9302 #24



NC9302 #25



NC 9302 #26



NC 9302 #27



NC 9302 #28



NC 9302 #29



NC 9302 #30
Best Available



NC9302 #31
Best Available



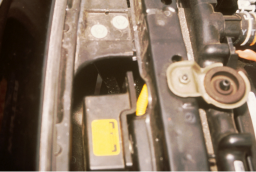
NC 9302 #32
Best Available



NC 9302 #33
Best Available



NC 9302 #34



NC9302 #35



NC 9302 #36

Appendix A

Police Accident Report

Investigating Agency:

☐ State Police
☒ City Police☐ Sheriff
☐ OtherPhotographs Made: ☐ Yes ☒ No Hit and Run: ☐ Yes ☒ No

| | | | | |
|--|--|-----------------------------------|--|---|
| LOCATION | TIME | DATE OF ACCIDENT | 19 <u>93</u> DAY OF WEEK <u>THU</u> HOUR <u>1439</u> | D.O.T.D. Property Damage <input type="checkbox"/> Yes |
| | Parish where accident occurred | | City, Town | |
| | Accident occurred on | | Street Name | Block Number |
| | Name of St., Parish Rd., or Hwy. (U.S. or State) | | Milepost | District and Zone |
| <input checked="" type="checkbox"/> At its intersection with | | On Interchange, Identify Quadrant | | <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> NW <input type="checkbox"/> SW |
| <input type="checkbox"/> Relative to its intersection with | | feet | Intersecting Street or Highway | |
| <input type="checkbox"/> Not at intersection | | tenths of mile | Street or Highway | |

| | | | | | | | | | | | | | |
|--------------------------------|--------------------------------------|---|-----------------|-----------------|----------------|------------------|-------|----------|-----------|-----------|----------|-----|------|
| TOTAL NUMBER VEHICLES INVOLVED | Year | Make | Model/No. Doors | No. Axles | Tires | V.I.N. | | | | | | | |
| | 92 | NISSAN | UX COUPE / 30 | 2 | 4 | JN1EB36CXN | | | | | | | |
| | Vehicle Disabled | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Removed By | License Plate | Year | State | Type | | | | | | |
| | DRIVER | 93 | LA | TEMP. | | | | | | | | | |
| VEHICLE 1 | Trailer Description | Year | Make | Type | License Plate | Year | State | Number | | | | | |
| | Insurance Co. Name (NOT Agency Name) | Policy Number | | Expiration Date | | Points of Impact | | 1st | 2nd | 3 | | | |
| | Registered Owner's Name and Address | Date of Birth | | Damage Scale | | POSITION | | EJECTION | BELT HAR. | SAF. DEV. | RACE SEX | AGE | INJ. |
| | Driver's Name | LA | | E | Number Injured | 1 | 1 | 1 | 1 | 1 | W | 44 | |
| Occupant's Names and Addresses | | | | | | | | | | | | | |

| | | | | | | | |
|-------|--------------|--|--|---|---|--|--|
| CODES | AREA DAMAGED | SCALE | POSITION | EJECTION | SEAT BELT/SH. HARNESS | SAFETY DEVICES | INJURY |
| | | 1 Light 2 Moderate 3 Heavy 4 Total 5 Fire 6 Submerged N Under-carriage | 1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 Occup. of Spec. Veh. 8 Unknown | 1 Not Ejected 2 Partially Eject. 3 Totally Ejected 4 Unknown if Eject. | 1 Belt/Harness Not Installed 2 Only Belt Installed, Not Used 3 Belt/Harness Installed, Not Used 4 Belt Used, Harness Not Installed 5 Belt Used, Harness Not Used 6 Belt/Harness Used 7 Belt use unknown, Harness not inst 8 Belt/Harness Use Unknown 9 Belt and/or Harness Failed | 1 Air Bags 2 Passive Restraints 3 Child Restraints 4 Helmet & Face Shield 5 Helmet Only 6 Eye Protection Only 7 None | 1 Fatal 2 Critical Non-Fatal 3 Serious Non-Fatal 4 Severe 5 Moderate 6 Minor 7 No Injury |

| | | | | | | | | | | | | | |
|--------------------------------|--------------------------------------|---|-----------------|-----------------|----------------|------------------|-------|----------|-----------|-----------|----------|-----|------|
| VEHICLE 2 | Year | Make | Model/No. Doors | No. Axles | Tires | V.I.N. | | | | | | | |
| | 86 | CHEV | 6000 / 5 Doors | 2 | 4 | 1G8EC16C | | | | | | | |
| | Vehicle Disabled | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Removed By | License Plate | Year | State | Type | | | | | | |
| | DRIVER | 94 | LA | HANDI | | | | | | | | | |
| VEHICLE 2 | Trailer Description | Year | Make | Type | License Plate | Year | State | Number | | | | | |
| | Insurance Co. Name (NOT Agency Name) | Policy Number | | Expiration Date | | Points of Impact | | 1st | 2nd | 3 | | | |
| | Registered Owner's Name and Address | Date of Birth | | Damage Scale | | POSITION | | EJECTION | BELT HAR. | SAF. DEV. | RACE SEX | AGE | INJ. |
| | Driver's Name | SAMI | | 34 | Number Injured | 0 | 1 | 1 | 6 | 2 | W | 58 | |
| Occupant's Names and Addresses | | | | | | | | | | | | | |

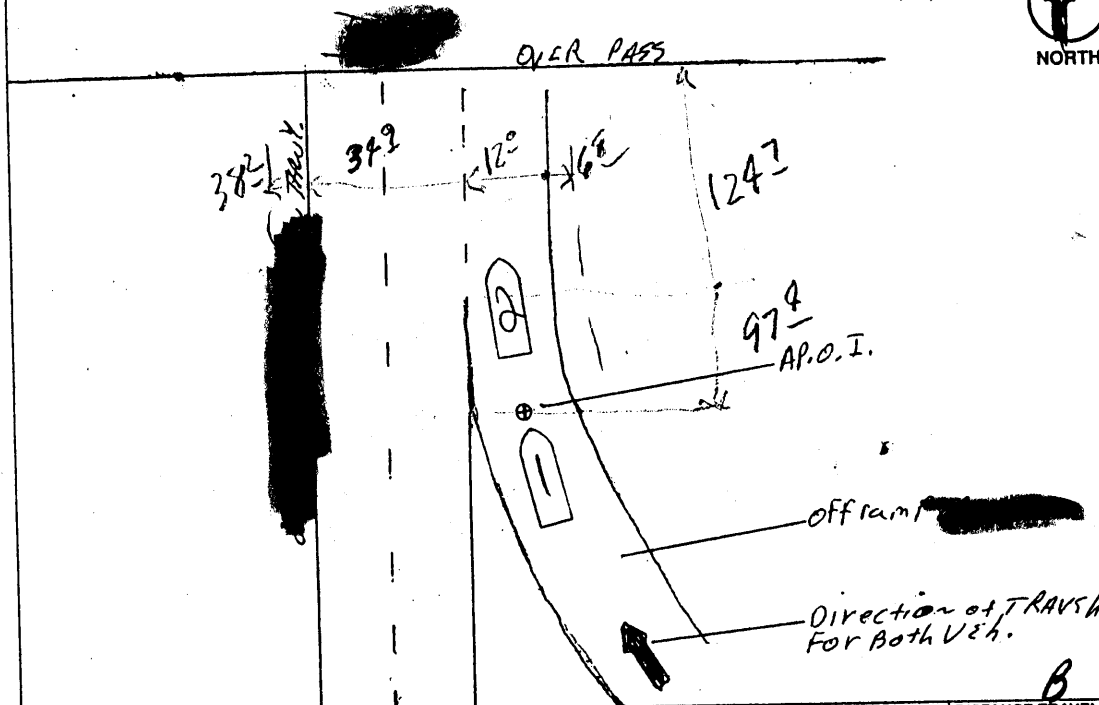
| | | | |
|-----------------|------------------|--|-----|
| PEOPLE INVOLVED | Name and Address | Clothing: <input type="checkbox"/> Light <input type="checkbox"/> Dark | Age |
|-----------------|------------------|--|-----|

| | | | | | | | |
|--------------------|---|-------------|--------------------|---------------------|----------|--------------------------|--|
| EMERGENCY SERVICES | <input checked="" type="checkbox"/> Ambulance | Called By | At | Arrived | Departed | Special Equipment Needed | Available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Rescue Unit | Refused Aid | First Aid Given By | Injured Taken To/By | | | |
| | VEH. 1 VEH. 2 PED. 1 PED. 2 | Refused Aid | First Aid Given By | Injured Taken To/By | | | |
| | VEH. 1 VEH. 2 PED. 1 PED. 2 | Refused Aid | First Aid Given By | Injured Taken To/By | | | |

| | | | | |
|--------------|--|---|---|-----------------------|
| ALCOHOL TEST | ALCOHOL TEST | VIDEO TAPES | TIME | INVESTIGATING OFFICER |
| | YES RESULTS | PENDING NO | Notified of Accident | |
| | Dr. 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Arrived at Scene | |
| | Dr. 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Investigation Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| VIOLATIONS (Check One Per Column) | | MOVEMENT PRIOR TO ACCIDENT (Check One Per Column) | | VISION OBSCUREMENTS (Check One Per Column) | | CONDITION OF DRIVERS AND PEDESTRIANS (Check One Per Column) | | PEDESTRIAN ACTIONS (Check One) | | TRAFFIC CONTROL CONDITIONS (Check One Per Column) | |
|--|--|---|---|---|---|---|---|--|--|--|--|
| A <input type="checkbox"/> 1 Exceeding stated speed limit | B <input type="checkbox"/> 2 Exceeding safe speed limit | A <input type="checkbox"/> 1 Stopped | B <input type="checkbox"/> 2 Proceeding straight ahead | A <input type="checkbox"/> 1 Rain, snow, etc. on windshield | B <input type="checkbox"/> 2 Windshield otherwise obscured | A <input type="checkbox"/> 1 PED | B <input type="checkbox"/> 2 Apparently asleep | A <input type="checkbox"/> Crossing, entering road at intersection | B <input type="checkbox"/> Crossing, entering road not at intersection | A <input type="checkbox"/> 1 Controls functioning | B <input type="checkbox"/> 2 Controls not functioning |
| C <input type="checkbox"/> Failure to yield | D <input type="checkbox"/> Following too closely | C <input type="checkbox"/> Backing | D <input type="checkbox"/> Traveling wrong way | C <input type="checkbox"/> Vision obscured by load | D <input type="checkbox"/> Trees, bushes, etc. | C <input type="checkbox"/> Illness | D <input type="checkbox"/> Inattentive or distracted | C <input type="checkbox"/> Walking in road - with traffic | D <input type="checkbox"/> Walking in road - against traffic | C <input type="checkbox"/> Controls obscured | D <input type="checkbox"/> Lane marking unclear or defective |
| E <input type="checkbox"/> Driving left of center | F <input type="checkbox"/> Cutting in, improper passing | E <input type="checkbox"/> Crossed median into opposing lane | F <input type="checkbox"/> Crossed center line into opposing lane | E <input type="checkbox"/> Building | F <input type="checkbox"/> Hillcrest | E <input type="checkbox"/> Fainting, blackout, etc. | F <input type="checkbox"/> Eyesight defect | E <input type="checkbox"/> Sleeping in roadway | F <input type="checkbox"/> Standing in roadway | E <input type="checkbox"/> No controls | F <input type="checkbox"/> Condition unknown |
| G <input type="checkbox"/> Failure to signal | H <input type="checkbox"/> Made wide right turn | G <input type="checkbox"/> Ran off road (not while making turn at intersection) | H <input type="checkbox"/> Changing lanes on multi-lane road | G <input type="checkbox"/> Sign boards | H <input type="checkbox"/> Hillcrest | F <input type="checkbox"/> Hearing defect | G <input type="checkbox"/> Fatigued | F <input type="checkbox"/> Getting on or off other vehicle | G <input type="checkbox"/> Pushing, working on vehicle in road | ALIGNMENT (Check One) | |
| I <input type="checkbox"/> Cut corner on left turn | J <input type="checkbox"/> Turned from wrong lane | I <input type="checkbox"/> Making left turn | J <input type="checkbox"/> Making right turn | I <input type="checkbox"/> Moving vehicles | J <input type="checkbox"/> Blinded by headlights | G <input type="checkbox"/> Drinking - Not impaired | H <input type="checkbox"/> Drinking - Impaired | I <input type="checkbox"/> Other working in roadway | J <input type="checkbox"/> Playing in roadway | A <input type="checkbox"/> Straight-level | B <input type="checkbox"/> Curve-level |
| K <input type="checkbox"/> Other improper turning | L <input type="checkbox"/> Disregarded traffic control | K <input type="checkbox"/> Stopped preparing to, or making U-turn | L <input type="checkbox"/> Making turn, direction unknown | K <input type="checkbox"/> Blinded by sun glare | L <input type="checkbox"/> Distracted by neon lights in field of view | H <input type="checkbox"/> Drug impaired | I <input type="checkbox"/> Condition Unknown | J <input type="checkbox"/> Other in roadway | K <input type="checkbox"/> Not in roadway or unknown - explain | C <input type="checkbox"/> On grade-straight | D <input type="checkbox"/> On grade-curve |
| M <input type="checkbox"/> Improper starting | N <input type="checkbox"/> Improper parking | M <input type="checkbox"/> Stopped, preparing to turn left | N <input type="checkbox"/> Stopped, preparing to turn right | M <input type="checkbox"/> Other or unknown | N <input type="checkbox"/> No obscurements | I <input type="checkbox"/> Normal | | L <input type="checkbox"/> Not in roadway or unknown - explain | M <input type="checkbox"/> Not applicable | E <input type="checkbox"/> Hillcrest-straight | F <input type="checkbox"/> Hillcrest-curve |
| O <input type="checkbox"/> Failed to set out flags, flares | P <input type="checkbox"/> Failed to dim headlights | O <input type="checkbox"/> Stopping to make right turn | P <input type="checkbox"/> Stopping to make left turn | ROAD SURFACE (Check One Per Column) | | LIGHTING (Check One) | | TRAFFIC CONTROL (Check One Per Column) | | TYPE OF ROADWAY (Check One) | |
| Q <input type="checkbox"/> Vehicle condition | R <input type="checkbox"/> Driver condition | Q <input type="checkbox"/> Slowing to stop | R <input type="checkbox"/> Slowing to stop | A <input type="checkbox"/> Dry | B <input type="checkbox"/> Concrete | A <input type="checkbox"/> Daylight | B <input type="checkbox"/> Dark - no street lights | A <input type="checkbox"/> Stop sign | B <input type="checkbox"/> Yield sign | A <input type="checkbox"/> One-way road or street | B <input type="checkbox"/> Two-way undivided road or street |
| S <input type="checkbox"/> Other (hazardous) or unknown violations | T <input type="checkbox"/> No violations | S <input type="checkbox"/> Properly parked | T <input type="checkbox"/> Other or unknown | C <input type="checkbox"/> Wet | D <input type="checkbox"/> Blacktop | C <input type="checkbox"/> Dark or dawn | D <input type="checkbox"/> Dark - Continuous street light | C <input type="checkbox"/> Red signal on | D <input type="checkbox"/> Yellow signal on | C <input type="checkbox"/> Expressway or freeway | D <input type="checkbox"/> Other divided road or street |
| REASON FOR MOVEMENT (Check One Per Column) | | VEHICLE CONDITION (Check One Per Column) | | ROADWAY CONDITION (Check One) | | WEATHER (Check One) | | KIND OF LOCATION (Check One) | | CONTRIBUTING FACTORS Place "1" by primary factor Place "2" by secondary factor | |
| A <input type="checkbox"/> 1 To avoid other vehicle | B <input type="checkbox"/> 2 To avoid pedestrian | A <input type="checkbox"/> 1 Defective brakes | B <input type="checkbox"/> 2 Defective headlights | A <input type="checkbox"/> Defective shoulders | B <input type="checkbox"/> Holes | A <input type="checkbox"/> Clear | B <input type="checkbox"/> Cloudy | A <input type="checkbox"/> Manufacturing or industrial | B <input type="checkbox"/> Business continuous | G <input type="checkbox"/> Road surface | |
| C <input type="checkbox"/> To avoid animal | D <input type="checkbox"/> To avoid other object | C <input type="checkbox"/> Defective rear lights | D <input type="checkbox"/> Defective signal lights | C <input type="checkbox"/> Deep ruts | D <input type="checkbox"/> Bumps | C <input type="checkbox"/> Raining | D <input type="checkbox"/> Snowing/sleeting | C <input type="checkbox"/> Business, mixed residential | D <input type="checkbox"/> Residential district | H <input type="checkbox"/> Roadway condition | |
| E <input type="checkbox"/> Passing | F <input type="checkbox"/> Vehicle out of control, not passing | E <input type="checkbox"/> All lights out | F <input type="checkbox"/> Tire failure | E <input type="checkbox"/> Loose surface material | F <input type="checkbox"/> Construction, repair | D <input type="checkbox"/> Fog | E <input type="checkbox"/> Smoke | E <input type="checkbox"/> School flashing speed sign | F <input type="checkbox"/> Yellow no passing line | I <input type="checkbox"/> Lighting | |
| G <input type="checkbox"/> Vehicle out of control, passing | H <input type="checkbox"/> For traffic control | G <input type="checkbox"/> Defective steering | H <input type="checkbox"/> Worn or smooth tires | G <input type="checkbox"/> Overhead clearance limited | H <input type="checkbox"/> Construction - no warning | E <input type="checkbox"/> Dust | F <input type="checkbox"/> Unknown | G <input type="checkbox"/> No control | H <input type="checkbox"/> Other or unknown | J <input type="checkbox"/> Weather | |
| I <input type="checkbox"/> Due to congestion | J <input type="checkbox"/> Due to prior accident (collision) | I <input type="checkbox"/> Engine failure | J <input type="checkbox"/> Defective suspension | I <input type="checkbox"/> Previous accident | J <input type="checkbox"/> Flooding | F <input type="checkbox"/> Unknown | | I <input type="checkbox"/> Yellow dashed line | J <input type="checkbox"/> White dashed line | K <input type="checkbox"/> Traffic control | |
| K <input type="checkbox"/> Due to driver condition | L <input type="checkbox"/> Due to driver violation | K <input type="checkbox"/> No defects observed | L <input type="checkbox"/> Other or unknown defects | K <input type="checkbox"/> Water on roadway | L <input type="checkbox"/> Orthogonal fault in road surface | G <input type="checkbox"/> Unknown | | J <input type="checkbox"/> Other or unknown | K <input type="checkbox"/> Yellow dashed line | L <input type="checkbox"/> Kind of location | |
| L <input type="checkbox"/> Due to vehicle condition (failure) | M <input type="checkbox"/> Due to pavement condition | | | M <input type="checkbox"/> Parallel fault in road surface | N <input type="checkbox"/> Other or unknown defects | | | K <input type="checkbox"/> Other or unknown | L <input type="checkbox"/> Private property/parking lot | M <input type="checkbox"/> Condition of pedestrians | |
| N <input type="checkbox"/> High wind | O <input type="checkbox"/> Normal movement | | | N <input type="checkbox"/> Animal in roadway | | | | L <input type="checkbox"/> Other or unknown | M <input type="checkbox"/> Private property/parking lot | | |
| P <input type="checkbox"/> Reason unknown | Q <input type="checkbox"/> Other | | | | | | | M <input type="checkbox"/> Other or unknown | N <input type="checkbox"/> Private property/parking lot | | |
| R <input type="checkbox"/> Other | | | | | | | | N <input type="checkbox"/> Other or unknown | O <input type="checkbox"/> Private property/parking lot | | |

NOT TO SCALE



| LOCATION OF ACCIDENT POINT OF IMPACT (Check One Per Column) | |
|--|---|
| Initial contact | 2nd object struck |
| A <input type="checkbox"/> Main travel lane | B <input type="checkbox"/> Improved shoulder - left (including parking strip) |
| C <input type="checkbox"/> Improved shoulder - right (including parking strip) | D <input type="checkbox"/> Off roadway - left (Beyond shoulder, including sidewalk) |
| E <input type="checkbox"/> Off roadway - right (Beyond shoulder, including sidewalk) | F <input type="checkbox"/> Off roadway straight ahead (T-intersection) |
| G <input type="checkbox"/> Off roadway, direction unknown | H <input type="checkbox"/> Marked pedestrian crosswalk |
| I <input type="checkbox"/> Left turn lane, non-freeways | J <input type="checkbox"/> Right turn lane, non-freeways |
| K <input type="checkbox"/> Median opening | L <input type="checkbox"/> Ramp nose |
| M <input type="checkbox"/> Curb return | N <input type="checkbox"/> Traffic island |
| O <input type="checkbox"/> Off ramp taper or deceleration lane | P <input type="checkbox"/> Off ramp roadway |
| Q <input type="checkbox"/> Off ramp terminal | R <input type="checkbox"/> On ramp taper or acceleration lane |
| S <input type="checkbox"/> On ramp roadway | T <input type="checkbox"/> Auxiliary lane or collector road |
| U <input type="checkbox"/> Freeway-to-freeway connection | V <input type="checkbox"/> Service road |
| W <input type="checkbox"/> Within construction zone | X <input type="checkbox"/> Other or unknown |
| Y <input type="checkbox"/> Impact attenuator | Z <input type="checkbox"/> Private property/parking lot |

| VEH | DIRECTION BEFORE ACCIDENT | | OBJECT STRUCK | | FINAL LOCATION OF VEHICLES | DISTANCE TRAVELED AFTER IMPACT | SPEED | | SKIDMARK DATA | | |
|-----|---------------------------|----------------------|---------------|-----|----------------------------|--------------------------------|-------|--------|---------------|----|----|
| | Headed | On Street or Highway | 1st | 2nd | | | EST. | POSTED | FR | FL | RR |
| 1 | North | | | | on Road | unk | unk | 30 | | | |
| 2 | North | | | | on Road | unk | unk | 30 | | | |

Describe any unusual circumstances associated with the accident, contributing factors not otherwise noted, witnesses names, addresses, etc. (Refer to each vehicle by no.)

VEH #1 was north on the off ramp of [redacted] at its intersection with the [redacted] thruway. VEH #2 was traveling north on the off ramp [redacted] at its intersection with the [redacted] thruway. The driver of VEH #1 stated he was stopped in traffic for a moment in traffic so he could proceed in the [redacted] thruway when VEH #2 struck his VEH in the rear. The driver of VEH #1 stated she was in back of VEH #2 awaiting for VEH #2 to move in to the [redacted] thruway. She went forth to state she viewed VEH #2 go forward, so she turned back and see if any VEH were coming she also stated that the next thing she noticed the air bag in the

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORT
SUPPLEMENTAL REPORT

Investigating Agency ☐ State Police ☐ Sheriff
☒ City Police ☐ Other

STATE COMPUTER NUMB

Investigative Agency Num

112

DO NOT WRITE IN THIS BLOC

| | | | | | |
|----------|--|------------|-------------|------|------|
| TIME | DATE OF ACCIDENT | 19 93 | DAY OF WEEK | HOUR | 1439 |
| LOCATION | Parish where Accident occurred | City, Town | | | |
| | Accident occurred on | | | | |
| | Name of St., Parish Rd., or Hwy. No. (U.S. or State) | Milepost | | | |

DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH THE ACCIDENT, WITNESSES NAMES, ADDRESSES, ETC. (REFER TO EACH VEHICLE BY N

starting wheel not open. The DRIVER OF Veh. #1 WAS TAKEN TO THE
Center of Southwest LA. BY H.A.S.I. where he WAS SEEN BY
in the Emerg Room. The DR. explained That the DRIVER OF Veh. #1
SUSTAIN A BROKEN ARM AND WAS AWAITING for surgery. There were no other
injuries or witnesses reported to the officer at the scene.

INVESTIGATOR'S SIGNATURE

DATE

93

Appendix B
NASS Data Collection Forms



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE COPY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

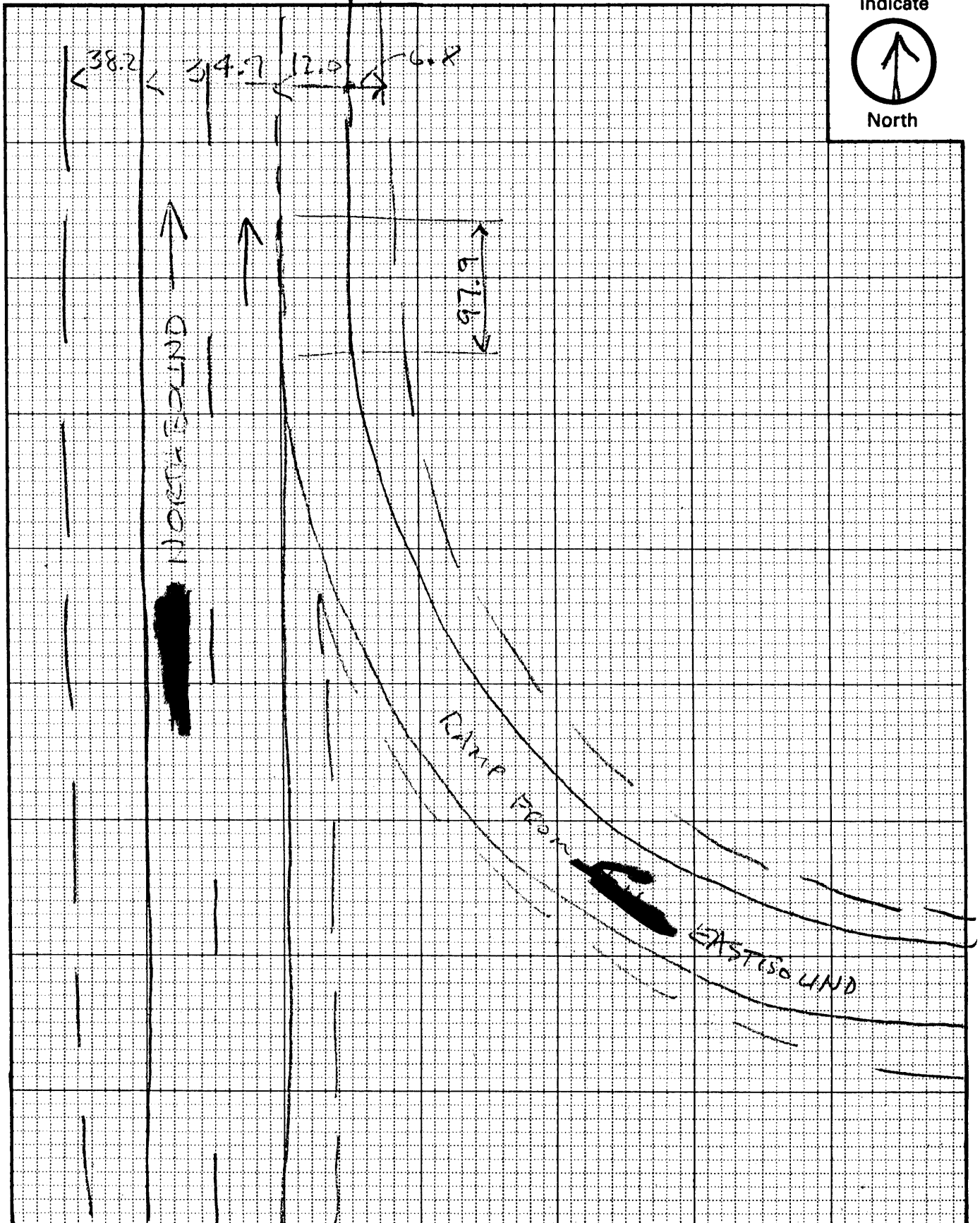
PSU No. NC 51

Case Number—Stratum 9 3 0 2

Indicate



North





ACCIDENT FORM

1. Primary Sampling Unit Number

NCSE

2. Case Number - Stratum

9302

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted

02

4. Date of Accident
(Month, Day, Year)

9 3 2

5. Time of Accident

1439

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS12 Not Active

0

7. SS13 Not Active

0

8. SS14 Fatal AOPS

0

9. SS15

0

10. SS16

0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident

01

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

| Accident Event Sequence Number | Vehicle Number | Class Of Vehicle | General Area of Damage | Vehicle Number or Object Contacted | Class Of Vehicle | General Area of Damage |
|--------------------------------------|-------------------|---------------------|------------------------------|--|---------------------|------------------------------|
| 12. <u>0 1</u> | 13. <u>01</u> | 14. <u>01</u> | 15. <u>F</u> | 16. <u>02</u> | 17. <u>12</u> | 18. <u>B</u> |
| 19. <u>0 2</u> | 20. <u> </u> | 21. <u> </u> | 22. <u> </u> | 23. <u> </u> | 24. <u> </u> | 25. <u> </u> |
| 26. <u>0 3</u> | 27. <u> </u> | 28. <u> </u> | 29. <u> </u> | 30. <u> </u> | 31. <u> </u> | 32. <u> </u> |
| 33. <u>0 4</u> | 34. <u> </u> | 35. <u> </u> | 36. <u> </u> | 37. <u> </u> | 38. <u> </u> | 39. <u> </u> |
| 40. <u>0 5</u> | 41. <u> </u> | 42. <u> </u> | 43. <u> </u> | 44. <u> </u> | 45. <u> </u> | 46. <u> </u> |

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

NCGE

2. Case Number - Stratum

93-02

3. Vehicle Number

01

VEHICLE IDENTIFICATION

4. Vehicle Model Year

92Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

NISSANApplicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

NX1600(PULSAR)Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

03Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

JN1EB36CXNLeft justify; Slash zeros and letter Z (0 and Z) •
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

10. Police Reported Travel Speed

99Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

11. Police Reported Alcohol Presence

(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

Note: See variables 37 through 55

(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) UnknownSource: PAR

ACCIDENT RELATED

13. Speed Limit

(00) No statutory limit
Code posted or statutory speed limit
(99) Unknown

14. Attempted Avoidance Maneuver

(00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):
(99) Unknown

15. Accident Type

Applicable codes may be found on the
back of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):
(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 10,000$ lbs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravado, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 10,000$ lbs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 10,000$ lbs GVWR)
- (23) Van based motorhome ($\leq 10,000$ lbs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____

- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 10,000$ lbs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 10,000$ lbs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 10,000$ lbs GVWR)

- (60) Step van ($> 10,000$ lbs GVWR)
- (61) Single unit straight truck (10,000 lbs $<$ GVWR \leq 19,500 lbs)
- (62) Single unit straight truck (19,500 lbs $<$ GVWR \leq 26,000 lbs)
- (63) Single unit straight truck ($> 26,000$ lbs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type


Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 02400
~~2350~~ Code weight to nearest 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 pounds or more
 (999) Unknown
 Source: 
20. Vehicle Cargo Weight 0000
 Code weight to nearest 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 pounds or more
 (99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 0
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):
 (9) Unknown

24. Rollover 0
 (0) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

 (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

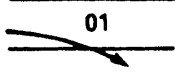


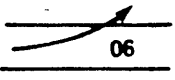
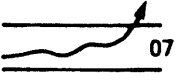
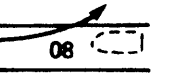
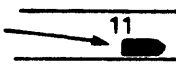
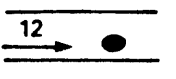
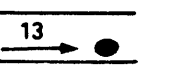
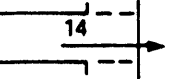
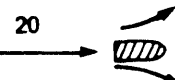
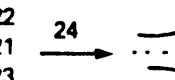
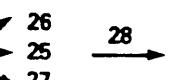
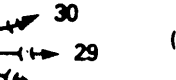
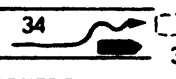
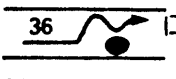
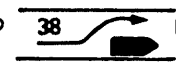
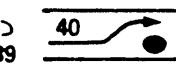
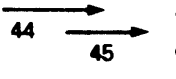
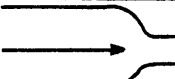
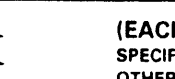
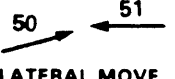
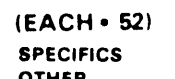
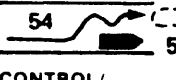
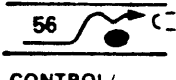

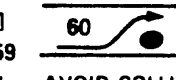


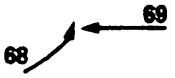
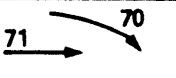

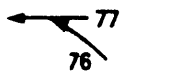
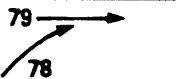
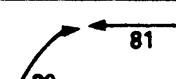
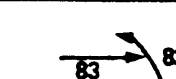
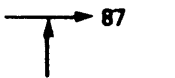

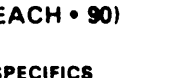
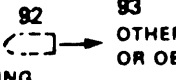




25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
 (0) No override/underride, or not an end-to-end impact
Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

 (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

- Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown
27. Heading Angle For This Vehicle 000
28. Heading Angle For Other Vehicle 000

| Category | Configuration | ACCIDENT TYPES (Includes Intent) | | | | |
|--|-----------------------------|---|--|---|--|--|
| I. Single Driver | A. Right Roadside Departure |  01 DRIVE OFF ROAD |  02 CONTROL/ TRACTION LOSS |  03 AVOID COLLISION WITH VEH., PED., ANIM. | 04 SPECIFICS OTHER | 05 SPECIFICS UNKNOWN |
| | B. Left Roadside Departure |  06 DRIVE OFF ROAD |  07 CONTROL/ TRACTION LOSS |  08 AVOID COLLISION WITH VEH., PED., ANIM. | 09 SPECIFICS OTHER | 10 SPECIFICS UNKNOWN |
| | C. Forward Impact |  11 PARKED VEH. |  12 STA. OBJECT |  13 PEDESTRIAN/ ANIMAL |  14 END DEPARTURE | 15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN |
| II. Same Trafficway Same Direction | D. Rear-End |  20 STOPPED 21, 22, 23 |  22 SLOWER 25, 26, 27 |  24 DECEL. 29, 30, 31 |  26 AVOID COLLISION WITH VEH. | (EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN |
| | E. Forward Impact |  34 CONTROL/ TRACTION LOSS |  36 CONTROL/ TRACTION LOSS |  38 AVOID COLLISION WITH VEH. |  40 AVOID COLLISION WITH OBJECT | (EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN |
| | F. Sideswipe Angle |  44 45 46 47 |  45 46 47 |  46 47 | (EACH • 48) SPECIFICS OTHER | (EACH • 49) SPECIFICS UNKNOWN |
| III. Same Trafficway Opposite Direction | G. Head-On |  50 LATERAL MOVE |  51 LATERAL MOVE | (EACH • 52) SPECIFICS OTHER | (EACH • 53) SPECIFICS UNKNOWN | |
| | H. Forward Impact |  54 CONTROL/ TRACTION LOSS |  56 CONTROL/ TRACTION LOSS |  58 AVOID COLLISION WITH VEH. |  60 AVOID COLLISION WITH OBJECT | (EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN |
| | I. Sideswipe Angle |  64 LATERAL MOVE |  65 LATERAL MOVE | (EACH • 66) SPECIFICS OTHER | (EACH • 67) SPECIFICS UNKNOWN | |
| IV. Change Trafficway Vehicle Turning | J. Turn Across Path |  68 INITIAL OPPOSITE DIRECTIONS |  70 INITIAL SAME DIRECTIONS |  72 INITIAL SAME DIRECTIONS | (EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN | |
| | K. Turn Into Path |  76 TURN INTO SAME DIRECTION |  78 TURN INTO SAME DIRECTION |  80 TURN INTO OPPOSITE DIRECTIONS |  82 TURN INTO OPPOSITE DIRECTIONS | (EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN |
| V. Intersecting Paths (Vehicle Damage) | L. Straight Paths |  86 |  88 |  89 | (EACH • 90) SPECIFICS OTHER | (EACH • 91) SPECIFICS UNKNOWN |
| VI. Miscellaneous | M. Backing Etc. |  92 BACKING VEH. |  93 OTHER VEH. OR OBJECT |  98 Other Accident Type |  99 Unknown Accident Type |  00 No Impact |

29. Basis for Total Delta V (highest) 6*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

99

____ Nearest mph _____

(NOTE: 00 means less than
0.5 mph)
(97) 96.5 mph and above
(99) Unknown

31. Longitudinal Component of
Delta V+ 99

____ Nearest mph _____

(NOTE: __00 means greater than
-0.5 and less than +0.5 mph)
(± 97) ± 96.5 mph and above
(__99) Unknown

Secondary Highest

32. Lateral Component of Delta V

+ 99

____ Nearest mph _____

(NOTE: __00 means greater than
-0.5 and less than +0.5 mph)
(± 97) ± 96.5 mph and above
(__99) Unknown

33. Energy Absorption

999,900

____ Nearest 100 foot-lbs _____

(NOTE: 0000 means less than 50 foot-lbs)
(9997) 999,650 foot-lbs or more
(9999) Unknown

34. Confidence In Reconstruction Program
Results (For Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

0

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify): _____

1

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes

1IS OLDMISS APPLICABLE FOR THIS VEHICLE? [☒] YES [] NOIF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [☒] YES [] NO

37. Police Reported Other Drug Presence 0

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Observation/Perception Test Type For Driver 0

- (0) No observation/perception test given
- (1) Drug recognition technician (DRT) determination using DEC process
- (2) Behavioral
- (3) Other physical observation/perception determination (specify): _____
- (4) DEC process available, unknown if determination made
- (5) DEC process not available, unknown if other observation/perception test given
- (7) Other observation/perception test (specify): _____
- (8) No driver present

39. Other Drug Specimen Test Type For Driver 0

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

| | DEC Observation/ Perception Test Results | Specimen Test Results |
|--|---|-----------------------------|
| Narcotic Drug | 40. <u>0</u> | 41. <u>0</u> |
| Depressant Drug | 42. <u> </u> | 43. <u> </u> |
| Stimulant Drug | 44. <u> </u> | 45. <u> </u> |
| Hallucinogen Drug | 46. <u> </u> | 47. <u> </u> |
| Cannabinoid Drug | 48. <u> </u> | 49. <u> </u> |
| Phencyclidine (PCP) | 50. <u> </u> | 51. <u> </u> |
| Inhalant Drug | 52. <u> </u> | 53. <u> </u> |
| Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash) | 54. <u>0</u> | 55. <u>0</u> |

Codes For Observation/Perception Test Results

- (0) No DEC observation/perception test given
- (1) Passed DEC observation/perception test
- (2) Failed DEC observation/perception test
- (3) DEC observation/perception test given—
results unknown
- (8) No driver present
- (9) Unknown if DEC observation/perception
test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or
not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Hearse
 (8) Fire truck or car
 (9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type (specify):
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event 50*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver 0

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 0

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

| | | | |
|---------------------------------|-------------|-------------------|-----------|
| Administration | | Vehicle | |
| 1. Primary Sampling Unit Number | <u>NC31</u> | 3. Vehicle Number | <u>01</u> |
| 2. Case Number - Stratum | <u>9302</u> | | |

VEHICLE IDENTIFICATION

VIN JH1EB36CX [REDACTED] Model Year 94
Vehicle Make (specify): NISSAN Vehicle Model (specify): NX1600

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

| Specific Impact No. | Location of Direct Damage | Location of Field L |
|---------------------|---------------------------|---------------------|
| 1 | STREET & DETOUR ROAD | FRONTAL PLANE |
| | | |
| | | |

CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

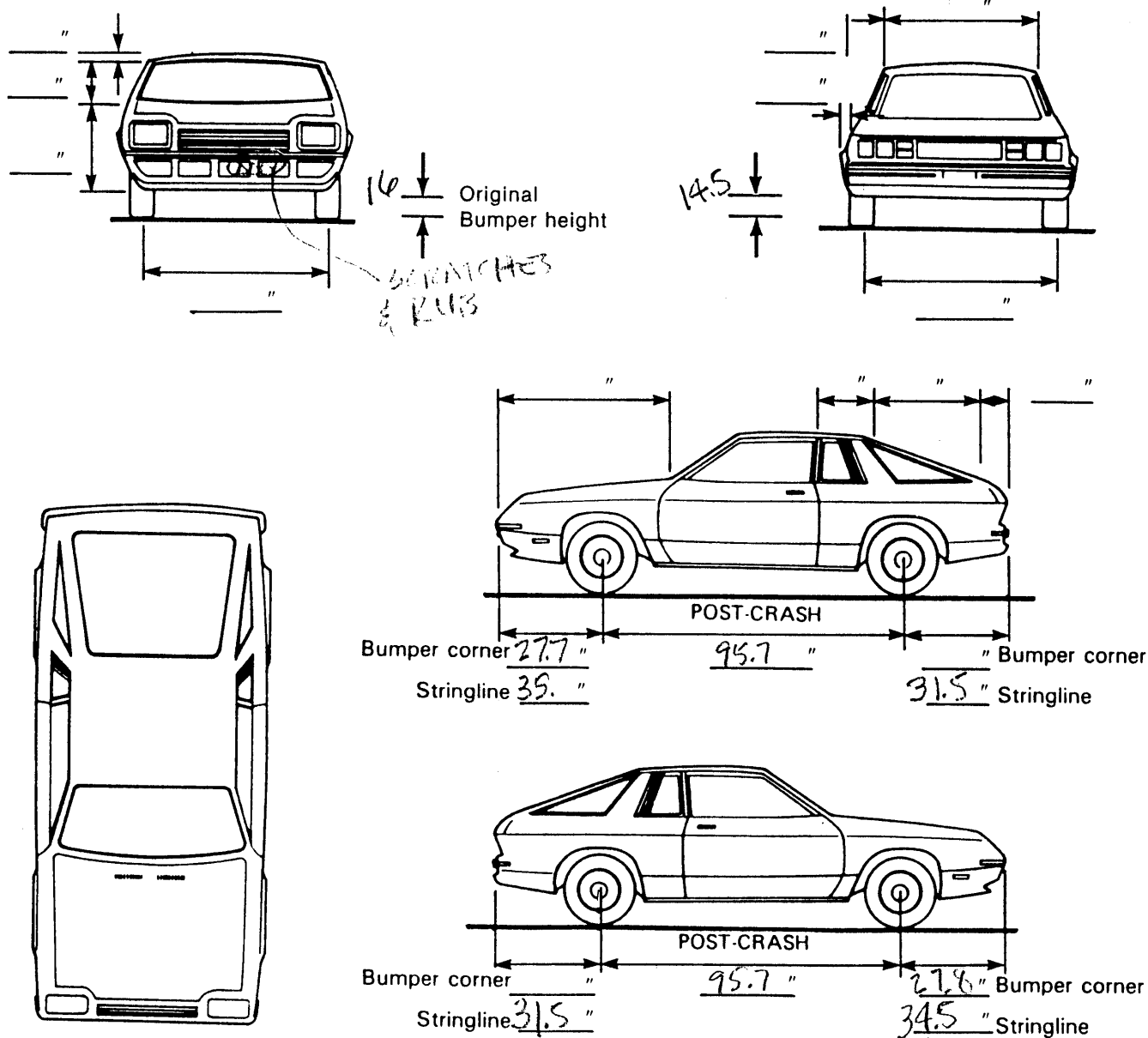
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

VEHICLE DAMAGE SKETCH

| | | | | |
|---|--|--|--|--|
| TIRE – WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk. | | ORIGINAL SPECIFICATIONS Wheelbase _____ Overall Length _____ Maximum Width _____ Curb Weight _____ Average Track _____ Front Overhang _____ Rear Overhang _____ Engine Size: cyl./ displ. <u>4/1.6L</u> Undeformed End Width _____ | | WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm _____° LF \pm _____° RR \pm _____° LR \pm _____° Within ± 5 degrees. |
| TYPE OF TRANSMISSION <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic | | DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD | | |
| | | Approximate Cargo Weight <u>0</u> | | |



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force | (3) Deformation Location | (4) Longitudinal or Lateral Location | (5) Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|---|---------------------|----------------------------------|--------------------------------|---|---|--|------------------------------|
| 4. <u>01</u> | 5. <u>02</u> | 6. <u>12</u> | 7. <u>E</u> | 8. <u>C</u> | 9. <u>E</u> | 10. <u>N</u> | 11. <u>01</u> |

Second Highest Delta "V"

| | | | | | | | |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 12. _____ | 13. _____ | 14. _____ | 15. _____ | 16. _____ | 17. _____ | 18. _____ | 19. _____ |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|

CRUSH PROFILE

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

| 20. L | 21. C ₁ | C ₂ | C ₃ | C ₄ | C ₅ | C ₆ | 22. ± D |
|------------|-----------------------|----------------|----------------|----------------|----------------|----------------|--------------|
| <u>053</u> | <u>01</u> | <u>00</u> | <u>00</u> | <u>00</u> | <u>00</u> | <u>00</u> | <u>+ 000</u> |

Second Highest Delta "V"

| 23. L | 24. C ₁ | C ₂ | C ₃ | C ₄ | C ₅ | C ₆ | 25. ± D |
|----------|-----------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | <u>+ _____</u> |

26. Are CDCs Documented but Not Coded on The Automated File?
(0) No
(1) Yes

0

27. Researcher's Assessment of Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

0

28. Original Wheelbase _____ Code to the nearest tenth of an inch
(9999) Unknown

095.7

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

0

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

30. Fire Occurrence

0

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

31. Origin of Fire

0

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

32. Type of Fuel Tank

1

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

NCST

2. Case Number - Stratum

9302

3. Vehicle Number

01

INTEGRITY

4. Passenger Compartment Integrity

00

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 \neq 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0

20. BL 0 21. Roof 8 22. Other 8

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0

28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact and holed by occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 0 32. LF 0 33. RF 0 34. LR 0 35. RR 0

36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted

(4) AS-14 - Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 0 40. LF 0 41. RF 0 42. LR 0 43. RR 0

44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(9) Unknown

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

| | Location of Intrusion | Intruding Component | Magnitude of Intrusion | Dominant Crush Direction |
|------|-----------------------|---------------------|------------------------|--------------------------|
| 1st | 47. _____ | 48. _____ | 49. _____ | 50. _____ |
| 2nd | 51. _____ | 52. _____ | 53. _____ | 54. _____ |
| 3rd | 55. _____ | 56. _____ | 57. _____ | 58. _____ |
| 4th | 59. _____ | 60. _____ | 61. _____ | 62. _____ |
| 5th | 63. _____ | 64. _____ | 65. _____ | 66. _____ |
| 6th | 67. _____ | 68. _____ | 69. _____ | 70. _____ |
| 7th | 71. _____ | 72. _____ | 73. _____ | 74. _____ |
| 8th | 75. _____ | 76. _____ | 77. _____ | 78. _____ |
| 9th | 79. _____ | 80. _____ | 81. _____ | 82. _____ |
| 10th | 83. _____ | 84. _____ | 85. _____ | 86. _____ |

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify) _____

(99) Unknown

INTRUDING COMPONENT*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): _____

- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING COLUMN87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Blank X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.

89. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.

90. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.

91. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.

92. Steering Rim/Spoke Deformation 0

Code actual measured

deformation to the nearest inch.

- (0) No steering rim deformation
 (1-5) Actual measured value
 (6) 6 inches or more
 (8) Observed deformation cannot be measured
 (9) Unknown

93. Location of Steering Rim/Spoke Deformation 00

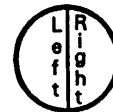
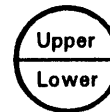
(00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL94. Odometer Reading 999,000

_____ miles—Code mileage to the nearest 1,000 miles

- (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown

Source: UNKNOWN @ TIME OF ACCIDENT - VEHICLE IS STILL BEING DRIVEN

95. Instrument Panel Damage from Occupant Contact? 0

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 0

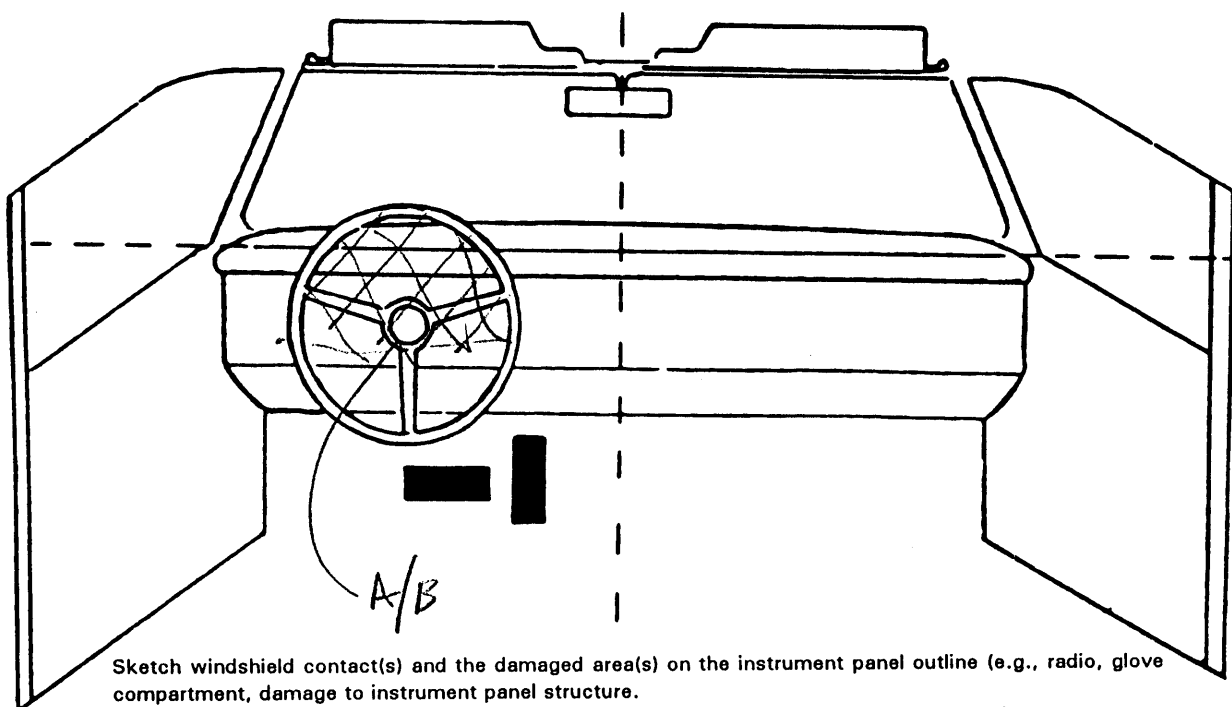
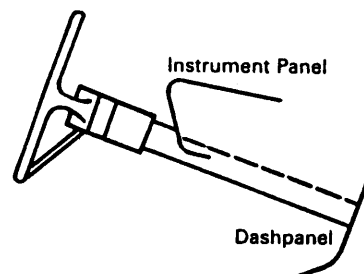
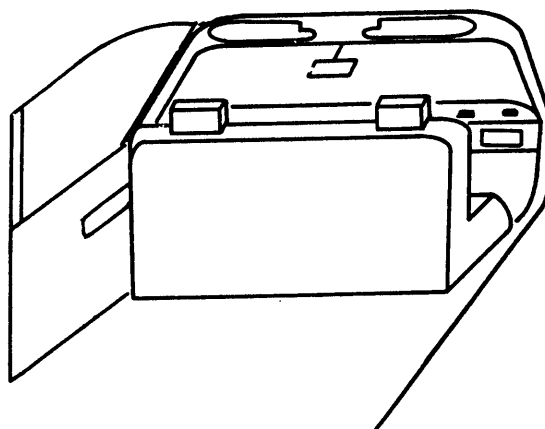
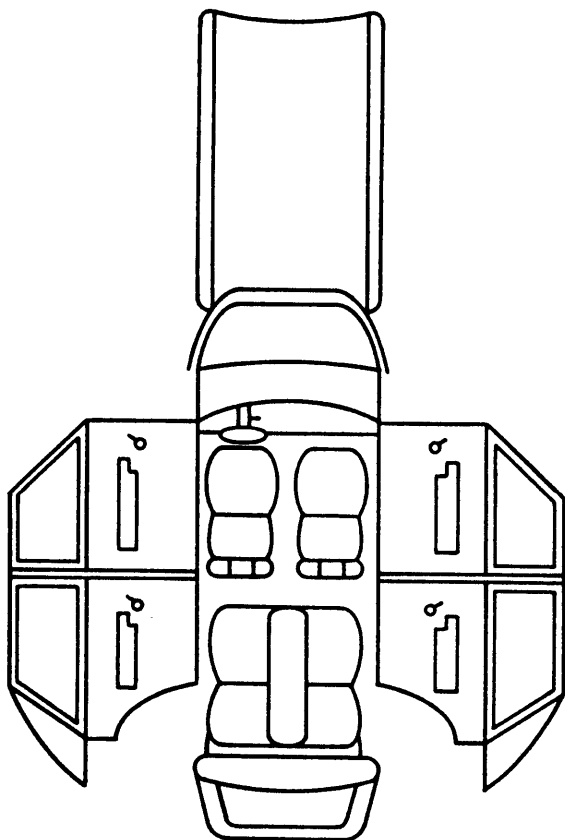
- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 0

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

| Contact | Interior Component Contacted | Occupant No. If Known | Body Region If Known | Supporting Physical Evidence | Confidence Level of Contact Point |
|---------|------------------------------|-----------------------|----------------------|------------------------------|-----------------------------------|
| A | 45 | 1 | R | DEPLOYED MAKEUP TRANSFER | 1 |
| B | 45 | 1 | R | POSSIBLE TRANSFER ON FLAP | 1 |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

| | | Left | Right |
|--------------|-----------------------|------|-------|
| FIRST | Availability/Function | | |
| | Deployment | | |
| | Failure | | |

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled
(9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available
(1) No
(2) Yes (specify):

(9) Unknown

AUTOMATIC BELTS

| | | Left | Right |
|--------------|-----------------------|------|-------|
| FIRST | Availability/Function | | |
| | Use | | |
| | Type | | |
| | Proper Use | | |
| | Failure Modes | | |

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

| | | Left | Center | Right |
|--------|---------------|------|--------|-------|
| FIRST | Availability | 4 | P | 4 |
| | Use | 04 | 00 | 04 |
| | Failure Modes | 1 | 0 | 1 |
| SECOND | Availability | | | |
| | Use | | | |
| | Failure Modes | | | |
| THIRD | Availability | | | |
| | Use | | | |
| | Failure Modes | | | |
| OTHER | Availability | | | |
| | Use | | | |
| | Failure Modes | | | |

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown

(08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown _____

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

| | | Left | Center | Right |
|----------------------------|----------------------------|------|--------|-------|
| F I R S T | Head Restraint Type/Damage | 3 | 4 | 3 |
| | Seat Type | 02 | 00 | 02 |
| | Seat Performance | 1 | 0 | 1 |
| | Seat Orientation | 1 | 0 | 1 |
| S E C O N D | Head Restraint Type/Damage | | | |
| | Seat Type | | | |
| | Seat Performance | | | |
| | Seat Orientation | | | |
| T H I R D | Head Restraint Type/Damage | | | |
| | Seat Type | | | |
| | Seat Performance | | | |
| | Seat Orientation | | | |
| O T H E R | Head Restraint Type/Damage | | | |
| | Seat Type | | | |
| | Seat Performance | | | |
| | Seat Orientation | | | |

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify:

(9) Unknown

Seat Type (this Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

(10) Box mounted seat (i.e., van type)
 (99) Unknown

Seat Performance (this Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

Seat Orientation (this Occupant Position)

- (0) No seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

(9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

| Occupant Number | | | | | | |
|--|--|--|--|--|--|--|
| Ejection | | | | | | |
| (Note on Vehicle Interior Sketch) Ejection Area | | | | | | |
| Ejection Medium | | | | | | |
| Medium Status | | | | | | |

Ejection

- (1) Complete ejection
- (1) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

| | |
|---|--|
| 1. Primary Sampling Unit Number <u>NC91</u> | Interviewee(s) Role or Name(s): <u>FORM FILLED OUT</u> <u>BY DRIVER</u> |
| 2. Case Number - Stratum <u>93 02</u> | |
| 3. Vehicle Number <u>01</u> | |

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was attempting to merge onto ~~the highway~~ in ~~the~~ LA. from ~~the~~. When the vehicle I was behind began to merge slowly and then apparently slowed down or stopped. I saw the vehicle in front of me initially move forward so I looked back to see if I could merge. I hit the back of the vehicle in front of me and my air bag deployed severely injuring my right arm. There was no damage not even a scratch to the front of my car, as a result of the accident, I was driving at a very ^{slow} speed perhaps 5 mph when I hit the vehicle in front of me.

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS



INTERVIEW FORM (B)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM1. Primary Sampling Unit Number NCSE2. Case Number - Stratum 93023. Vehicle Number 01Interviewee(s) Role or Name(s): Driver

ACCIDENT DATA QUESTIONS

1. Can you tell me in which direction you were traveling?☒ North ☐ South ☐ East ☐ West(Optional - Where were you coming from or going to?
_____2. In which lane were you traveling?

(Note: Lane 1 is designated as the right curb lane.)

☐ [1] ☐ [2] ☐ [3] ☐ [4] ☒ Other (specify):
merging lane3. Can you remember your estimated travel speed (in miles per hour) before the accident?

| | | |
|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Stopped | <input checked="" type="checkbox"/> 1-10 | <input type="checkbox"/> 10-20 |
| <input type="checkbox"/> 20-30 | <input type="checkbox"/> 30-40 | <input type="checkbox"/> 40-50 |
| <input type="checkbox"/> 50-60 | <input type="checkbox"/> 60-70 | <input type="checkbox"/> 70+ |

4. Just before the accident, can you tell me what you were intending to do or were doing?

| | |
|---|--|
| <input type="checkbox"/> Going straight | <input type="checkbox"/> Stopped |
| <input type="checkbox"/> slowing | <input type="checkbox"/> Accelerating |
| <input type="checkbox"/> Turning left | <input type="checkbox"/> Turning right |
| <input type="checkbox"/> Changing lanes to left | <input type="checkbox"/> Changing lanes to right |
| <input type="checkbox"/> Backing | |
| <input checked="" type="checkbox"/> Other (specify): <u>merging</u> | |

5. Did you experience any loss of control due to weather conditions or mechanical problems?☒ No
☐ Yes (If yes, describe below)

_____6. Did you have to take any avoidance actions prior to the accident?☒ No - Go to question 7
☐ Yes - Go to question 6a6a. What actions did you take?

| |
|--|
| <input type="checkbox"/> Braking with lock-up |
| <input type="checkbox"/> Braking without lock-up |
| <input type="checkbox"/> Releasing brakes |
| <input type="checkbox"/> Accelerating |
| <input type="checkbox"/> Steering left |
| <input type="checkbox"/> Steering right |
| <input type="checkbox"/> Other (specify): _____ |

7. Where was your vehicle at the time of the collision?

| | |
|--|--|
| <input type="checkbox"/> Original travel lane | <input type="checkbox"/> Different travel lane |
| <input type="checkbox"/> In intersection | <input type="checkbox"/> Off roadway to right |
| <input type="checkbox"/> Off roadway to left | |
| <input checked="" type="checkbox"/> Other (specify): <u>merging lane</u> | |

8. Was your travel speed at the time of the collision different from your previous travel speed?

| |
|---|
| <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Lower |
| <input type="checkbox"/> higher |
| <input type="checkbox"/> Unknown |

8a. Can you estimate your speed at the time of the collision?

| | | |
|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Stopped | <input checked="" type="checkbox"/> 1-10 | <input type="checkbox"/> 10-20 |
| <input type="checkbox"/> 20-30 | <input type="checkbox"/> 30-40 | <input type="checkbox"/> 40-50 |
| <input type="checkbox"/> 50-60 | <input type="checkbox"/> 60-70 | <input type="checkbox"/> 70+ |

9. Immediately following the collision, can you describe how your vehicle moved to its stopped position?stopped in it lane of travel

10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?

Only one see Accident report,

1. Primary Sampling Unit Number

NCSI

3. Vehicle Number

01

2. Case Number - Stratum

9302

4. Occupant Number

01

VEHICLE/DRIVER DATA QUESTIONS

1. Can you tell me the year, make, model of your vehicle?

1 992 Nissan NX Coupe
 Year Make Model

2. Can you describe the damage to your vehicle?

None

3. Was there any previous damage to your vehicle that is not related to this accident?

☒ No☐ Yes (If "yes", describe below)

4. Did any of the doors (hatch, tailgate) open during the accident?

☒ No☐ Yes (If "Yes", describe below)

5. Did any of the windows break during the accident?

☒ No☐ Yes (If "Yes", describe below)

6. Does your vehicle have a glove compartment?

☐ No☒ Yes

6a. Did the glove compartment door come open during the accident?

☒ No☐ Yes☐ Unknown

7. Does your vehicle have "seat belts"?

☐ No (If "No", go to question 7b)☒ Yes (If "Yes", go to question 7a)

7a. Can you describe the type of seat belt for each seat?

Driver's seat ☐ Lap ☐ Lap and shoulder
 Front seat middle ☐ Lap ☐ Lap and shoulder
 Front seat right ☐ Lap ☐ Lap and shoulder
 Rear seat left ☐ Lap ☐ Lap and shoulder
 Rear seat middle ☐ Lap ☐ Lap and shoulder
 Rear seat right ☐ Lap ☐ Lap and shoulder

(Identify seat belts for third row and beyond)

7b. Were any of the belts removed or not functional prior to the accident?

☒ No☐ Yes (If "Yes", specify which belt and describe problem)

8. Do any of the front belts move along a motorized track when the door is opened or closed?

☒ No (If "No", go to question 9)☐ Yes (If "Yes", what seat location?)☐ Left Front☐ Right Front

8a. Were the motorized belts working properly before the accident?

☐ No (If "No", describe condition below)☐ Yes

8b. Were the belts connected to the track prior to the accident?

☐ No☐ Yes☐ Unknown

9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door?

☒ No (go to question 10)☐ Yes

9a. Does this belt come across the _____?

☐ Chest only☐ Lap and chest

9b. Was this belt connected prior to the accident?

☐ No☐ Yes☐ Unknown

AIR BAGS

10. Is your vehicle equipped with a driver's side air bag?

☐ No (go to question 11)☒ Yes (go to question 10a)☐ Unknown (go to question 11)

10a. Did the air bag inflate during the accident?

☐ No (go to questions 10b and 10c)☒ Yes (go to question 10e)

1. Primary Sampling Unit Number

NCSE

3. Vehicle Number

01

2. Case Number - Stratum

9302

4. Occupant Number

01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

10b. Was the air bag wiring disconnected prior to the accident?

☒ No☐ Yes (If "Yes", describe previous condition)☐ Unknown

10c. Was your vehicle involved in any accidents prior to this accident which inflated the air bag?

☐ No (go to question 11)☐ Yes (go to question 10d)☐ Unknown

10d. Was the air bag re-installed after the accident?

☐ No (go to question 11)☐ Yes☐ Unknown

10e. Did the air bag inflate as you expected?

☒ No (If "No" describe below)*Should not have deployed*☐ Yes☐ Unknown

11. Is your vehicle equipped with a passenger side air bag?

☒ No (If "No", go to question 12)☐ Yes (If "Yes", go to question 11a)☐ Unknown (If "Unknown", go to question 12)

11a. Did the passenger air bag inflate during the accident?

☐ No (go to question 11b)☐ Yes (go to question 12)

11b. Was the passenger air bag wiring disconnected prior to the accident?

☐ No☐ Yes (If "Yes", describe below)☐ Unknown

11c. Was the passenger air bag inflated in a previous accident?

☐ No (go to question 12)☐ Yes (go to question 11d)☐ Unknown

11d. Was the passenger air bag re-installed after the accident?

☐ No (go to question 12)☐ Yes☐ Unknown

11e. Did the passenger air bag inflate as you expected?

☐ No (If "No" describe below)☐ Yes☐ Unknown

CHILD SAFETY SEAT

12. Was there a person in a child safety seat in your vehicle?

☒ No (If "No", go to question 13)☐ Yes☐ Unknown

12a. Can you tell me the manufacturer and model of the child safety seat?

12b. Can you describe the type of child safety seat?

☐ Infant☐ Toddler☐ Convertible☐ Booster☐ Other (specify):☐ Unknown

12c. Where was the child safety seat(s) located?

☐ [12] ☐ [13]☐ [21] ☐ [22] ☐ [23]☐ [31] ☐ [32] ☐ [33]☐ [Other] (specify):

12d. Can you tell me which direction the child safety seat was facing prior to the accident?

☐ Rear facing☐ Forward facing,☐ Other (specify):☐ Unknown

12e. Was a seat belt used to hold the child seat in place?

☐ No (If "No", go to question 12g)☐ Yes (If "Yes", go to question 12f)☐ Unknown

12f. Can you describe how the seat belt was secured to the child seat?

☐ Looped through designated rear framing struts?☐ Looped through arm rest slots?☐ Belt across safety shield?☐ Looped through rear frame outside the designated framing struts?☐ Other (specify):☐ Unknown

12g. What was the child safety seat equipped with at the time of purchase? (check all that apply)

☐ Harness☐ Shield☐ Tether strap

If any box is checked, ask questions 12h - 12i.

1. Primary Sampling Unit Number

NCSE

3. Vehicle Number

01

2. Case Number - Stratum

9302

4. Occupant Number

01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

12h. Were any of these items added after you owned the child safety seat?

☐ Yes

(specify _____)

☐ No☐ Unknown

12i. Were any of these items used during the accident?

☐ Yes (If "Yes", check all that apply)☐ Harness☐ Shield☐ Tether strap)☐ No☐ Unknown

OPTIONAL

If you do not know where the vehicle is or if the owner's permission is needed for inspection.

15. Do you know where the vehicle is currently located?

Yes

16. May I take a look at your vehicle to assess the damage?

☐ No☐ Yes already made available

DRIVER ONLY

17. What race do you consider yourself?

☒ White☐ Black☐ American Indian, Eskimo or Aleut, Asian or Pacific Islander☐ Other (specify: _____)☐ Unknown.

18. Are you of hispanic origin?

☒ No☐ Yes

CARGO WEIGHT AND MILEAGE

13. Was there any cargo in your vehicle?

☒ No (If "No", go to question 14)☐ Yes (If "Yes", go to question 13a)☐ Unknown

13a. Can you estimate the weight of the cargo?

_____ lbs.

Cargo description

14. Can you tell me the mileage on the vehicle?

Approx 900 miles

1. Primary Sampling Unit Number

NCSI

3. Vehicle Number

01

2. Case Number - Stratum

9302

4. Occupant Number

01

OCCUPANT DATA QUESTIONS

1. Was there anyone else in your vehicle at the time of the accident?

☒ No (If "No", go to question 4)☐ Yes (If "Yes", specify number in question 2 below and then go to question 3)☐ Unknown

2. How many?

☐ [1] One other person☐ [2] Two other persons☐ [3] Three other persons☐ [4] Four other persons☐ [5] Five other persons☐ [6] Six other persons☐ [7] Seven or more other persons
(specify number:)

3. Where was this person sitting? (Circle seating positions)

☐ [12] ☐ [13]☐ [21] ☐ [22] ☐ [23]☐ [31] ☐ [32] ☐ [33]☐ [] Other (specify:)

OCCUPANT CHARACTERISTICS

4. Can I have your (his/her) height, weight, age, and sex?

Height 5'6" Weight 116 Age 44Sex: ☐ Male ☒ Female

OCCUPANT POSTURE

5. Can you tell me how you (he/she was) were sitting in your vehicle?

behind steering wheel

5a. Can you describe the location of your (his/her) feet just prior to the collision?

right foot accelerator

5b. Can you describe the location of your (his/her) arms?

right hand was on top of steering wheel

5c. Was your (his/her) back resting against the seat back rest?

☐ [] No (If "No", describe the position)☒ Yes☐ [] Unknown

5d. Were you (Was he/she)

☐ [] Sitting upright or☒ Leaning to left side or slightly☐ [] Leaning to right side?

OCCUPANT EJECTION

6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?

☒ No (If "No", go to question 7)☐ [] Yes (If "Yes", go to question 6a)☐ [] Unknown

6a. Can you remember what part of the vehicle you were (he/she was) thrown out?

☐ [] No☐ [] Yes (Describe:)

OCCUPANT RESTRAINT

7. Were you (Was he/she) wearing a seat belt just before the accident?

☐ [] No (If "No", go to question 8)☒ Yes☐ [] Unknown

7a. Were you (Was he/she) wearing the

☐ [] Lap belt?☒ Lap and Shoulder belt?☐ [] Shoulder belt?

7b. Can you describe how you were (he/she was) wearing the lap belt?

☐ [] Across the stomach☐ [] Low on lap☐ [] Other (specify:)☐ [] Unknown

7c. Can you describe how you were (he/she was) wearing the shoulder belt?

☐ [] Over the shoulder☐ [] Under the arm☐ [] Behind the back☐ [] Behind the seat☐ [] Other (specify:)

7d. Did any part of the belt system break or tear?

☒ No☐ [] Yes (If "Yes", describe)☐ [] Unknown

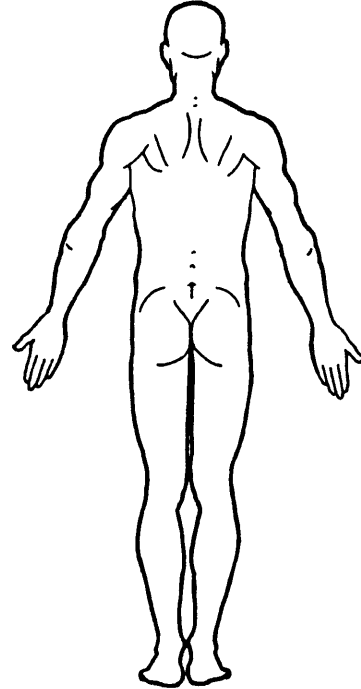
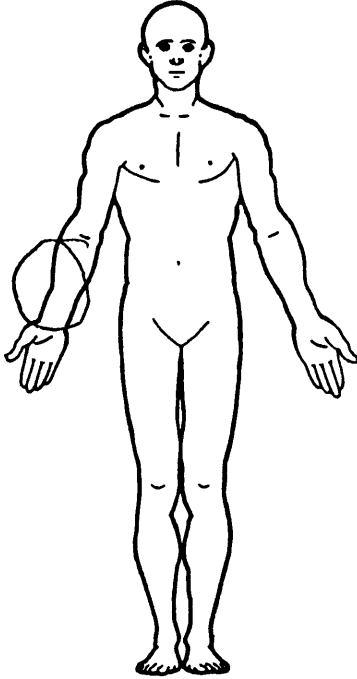
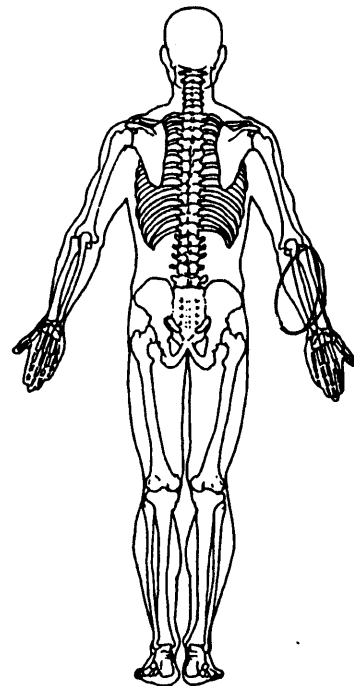
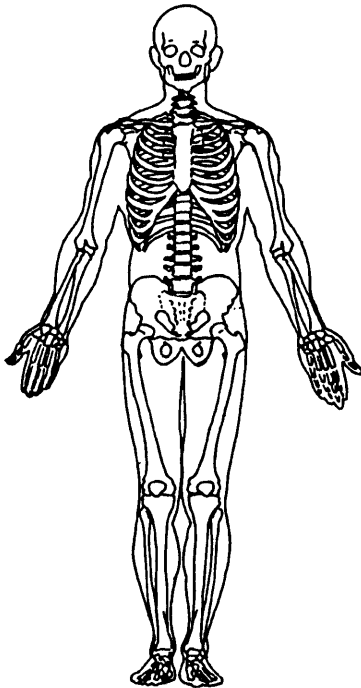
OCCUPANT ENTRAPMENT

8. Were you (Was he/she) trapped in the vehicle?

☒ No☐ [] Yes (If "Yes", describe)☐ [] Unknown

PSU Number NC4I Case Number—Stratum 9302 Vehicle Number 01 Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

* Please see summary of injuries and medical treatment & catheter
SOFT TISSUE/INTERNAL INJURIES

**SKELETAL INJURIES**

The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

1. Primary Sampling Unit Number

NC41

3. Vehicle Number

01

2. Case Number - Stratum

9302

4. Occupant Number

01

OCCUPANT INJURY DATA QUESTIONS

1. Were you (Was he/she) injured?

☐ No (If "No", go to next occupant. Stop if no other occupant.)

☒ Yes (If "Yes", complete Occupant Injury Questions)

☐ Unknown

2. Did you (he/she) receive any cuts, abrasions, or bruises?

☐ No (go to question 3)

☒ Yes (If "Yes", record the exact location(s) and size on the manikin(s).)

☐ Unknown

2a. Do you know what caused your (his/her) injury(s)?

☐ No

☒ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)

☐ Unknown

3. Did you (he/she) experience any broken bones?

☐ No (If "No", go to question 4)

☒ Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)

☐ Unknown

3a. Do you know what caused the injury(s)?

☐ No

☒ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)

☐ Unknown

4. Did you (he/she) injure your (his/her) head?

☒ No (If "No", go to question 5)

☐ Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)

☐ Unknown

4a. Do you know what caused the injury(s)?

☐ No

☐ Yes (If "Yes", specify the component(s) on the manikin(s).)

☐ Unknown

5. Were any of your (his/her) internal organs injured?

☐ No (If "No", go to question 6)

☐ Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)

☐ Unknown

5a. Do you know what caused this injury?

☐ No

☐ Yes (If "Yes", specify the component(s) on the manikin(s).)

☐ Unknown

6. Did you (he/she) suffer any joint sprains or muscle strains?

☐ No (If "No", go to question 7)

☐ Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)

☐ Unknown

6a. Do you know what caused the injury(s)?

☐ No

☐ Yes (If "Yes", specify the component(s) on the manikin(s).)

☐ Unknown

7. Did you (he/she) receive treatment for your (his/her) injury(s)?

☐ No (If "No", go to question 8)

☒ Yes (If "Yes", go to question 7a)

7a. Were you (Was he/she) treated by:

☒ Hospital/trauma center? (specify hospital name):

☐ Medical clinic

☐ Out patient surgery? (specify medical facility):

☐ Paramedics or first aid at the scene?

☐ A doctor in his/her office?

☐ Treated at home?

☐ None of the above, go to question 8.

7b. Were you (Was he/she) treated and released from the emergency room?

☐ No (If "No", go to question 7c.)

☐ Yes (If "Yes", go to question 7e.)

7c. Were you (Was he/she) hospitalized?

☐ No (If "No", give an explanation)

☐ Yes (If "Yes", go to question 7d.)

7d. How many days were you (was he/she) in the hospital?
_____ days

1. Primary Sampling Unit Number

NCSEI

3. Vehicle Number

01

2. Case Number - Stratum

01302

4. Occupant Number

01

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

7e. Have you (Has he/she) received any follow-up treatment?

☐ No☒ Yes (If "Yes", describe:)subsequent surgery to arm☐ Unknown

8. Have you (he/she) lost any days from work or school (college)?

☐ No☒ Yes (If "Yes", determine the number of days lost)(Specify:) since date of accident☐ Not working prior to the accident☐ Unknown

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?

☒ No☐ Yes (If "Yes", mail or present the form for signature.)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

NCST

2. Case Number - Stratum

93 02

3. Vehicle Number

01

4. Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

44

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

66

Code actual height to the nearest inch.

(99) Unknown

8. Occupant's Weight

116

Code actual weight to the nearest pounds.

(999) Unknown

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant Posture

(0) Normal posture

(1) Abnormal posture (specify):

LEANING TO (L) - LOOKING (L)

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

13. Ejection Area

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.)

(specify):

(9) Unknown

14. Ejection Medium

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify):

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

15. Medium Status (Immediately Prior To Impact)

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

(0) Not entrapped

(1) Entrapped

(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment1

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Did Air Bag System Fail?1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use7

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown

(9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (this Occupant Position) 02
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., column supported)
 - (09) Other seat type (specify): _____
 - (10) Box mounted seat (i.e., van type)
 - (99) Unknown

27. Seat Performance (this Occupant Position) 1
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks or "seat back" failed
 - (4) Seat track/anchors failed
 - (5) Deformed by impact of occupant
 - (6) Deformed by passenger compartment intrusion (specify): _____
 - (7) Combination of above (specify): _____
 - (8) Other (specify): _____
 - (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
- (000) No child safety seat
- Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
- (950) Built-in child safety seat
 - (997) Other make/model (specify): _____
 - (998) Unknown make/model
 - (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify): _____
 - (8) Unknown child safety seat type
 - (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight*
- (01) Rear facing
 - (02) Forward facing
 - (08) Other orientation (specify): _____
 - (09) Unknown orientation
- Designed For Forward Facing for This Age/Weight*
- (11) Rear facing
 - (12) Forward facing
 - (18) Other orientation (specify): _____
 - (19) Unknown orientation
- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*
- (21) Rear facing
 - (22) Forward facing
 - (28) Other orientation (specify): _____
 - (29) Unknown orientation
 - (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00
- Note: Options below applicable to Variables OA31-OA33.
- (00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury (MODERATE)
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify): _____

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify): _____

(9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 61

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

39. Time to Death 00

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (97) Other result (specify): _____

(99) Unknown

43. Number of Recorded Injuries for This Occupant 02

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/ Function 0

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

TRAUMA DATA50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 97

- (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

51. Was the Occupant Given Blood? 9

- (1) No - blood not given
 (2) Yes - blood given (specify units):
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ 97

- (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

UPDATE CANDIDATE? NO [] YES []

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES []

*** STOP HERE ***
 IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43 = 00,97,99)



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

NC5F

2. Case Number - Stratum

9302

3. Vehicle Number

02

VEHICLE IDENTIFICATION

4. Vehicle Model Year

86

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

CHEVROLET

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

SUBURBAN

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

16

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

V.I.N. IS
IN CORRECT

1G8EC16C5G

Left justify; Slash zeros and letter Z (0 and Z)

No VIN—Code all zeros

Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

0

- (0) Not towed due to vehicle damage
- (1) Towed due to vehicle damage
- (9) Unknown

10. Police Reported Travel Speed

00

Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)

- (97) 96.5 mph and above
- (99) Unknown

11. Police Reported Alcohol Presence

0

- (0) No alcohol present
- (1) Yes (alcohol present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

Note: See variables 37 through 55

(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver

96

Code actual value (decimal implied
before first digit—0.xx)

- (95) Test refused
- (96) None given
- (97) AC test performed, results unknown
- (98) No driver present
- (99) Unknown

Source:

PAR

ACCIDENT RELATED

13. Speed Limit

30

- (00) No statutory limit
- Code posted or statutory speed limit
- (99) Unknown

14. Attempted Avoidance Maneuver

01

- (00) No impact
- (01) No avoidance actions
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (97) No driver present
- (98) Other action (specify):

(99) Unknown

15. Accident Type

21

Applicable codes may be found on the
back of page two of this field form

- (00) No impact
- Code the number of the diagram that
best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 03
 (00-96) Code actual number of occupants
 for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 00

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 04800
4771 Code weight to nearest
 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 pounds or more
 (999) Unknown
 Source: [REDACTED]
20. Vehicle Cargo Weight 9900
 Code weight to nearest
 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 pounds or more
 (99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data
 for This Vehicle 0
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole
 (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with
 tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):
 (9) Unknown

24. Rollover 0
 (0) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover--end-over-end (i.e., primarily
 about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 9
 (0) No override/underride, or
 not an end-to-end impact
Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

 (7) Medium/heavy truck or bus override
 (9) Unknown

**HEADING ANGLE AT IMPACT FOR
HIGHEST DELTA V**

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 000
28. Heading Angle For Other Vehicle 000

29. Basis for Total Delta V (highest)

6*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

99

____ Nearest mph

(NOTE: 00 means less than
0.5 mph)
(97) 96.5 mph and above
(99) Unknown

31. Longitudinal Component of
Delta V+ 99

____ Nearest mph

(NOTE: __00 means greater than
-0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(__99) Unknown

Secondary Highest

32. Lateral Component of Delta V

+ 99

____ Nearest mph

(NOTE: __00 means greater than
-0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(__99) Unknown

33. Energy Absorption

999.9 00

____ Nearest 100 foot-lbs

(NOTE: 0000 means less than 50 foot-lbs)
(9997) 999,650 foot-lbs or more
(9999) Unknown

34. Confidence In Reconstruction Program
Results (For Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

0

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

0

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes

0IS OLDMISS APPLICABLE FOR THIS VEHICLE? [☒] YES [] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

37. Police Reported Other Drug Presence 0

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Observation/Perception Test Type For Driver 0

- (0) No observation/perception test given
- (1) Drug recognition technician (DRT) determination using DEC process
- (2) Behavioral
- (3) Other physical observation/perception determination (specify): _____
- (4) DEC process available, unknown if determination made
- (5) DEC process not available, unknown if other observation/perception test given
- (7) Other observation/perception test (specify): _____
- (8) No driver present

39. Other Drug Specimen Test Type For Driver 0

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

| | DEC | |
|--|----------------------------|------------------|
| | Observation/ Perception | Specimen Test |
| | Test Results | Results |
| Narcotic Drug | 40. <u>0</u> | 41. <u>0</u> |
| Depressant Drug | 42. <u> </u> | 43. <u> </u> |
| Stimulant Drug | 44. <u> </u> | 45. <u> </u> |
| Hallucinogen Drug | 46. <u> </u> | 47. <u> </u> |
| Cannabinoid Drug | 48. <u> </u> | 49. <u> </u> |
| Phencyclidine (PCP) | 50. <u> </u> | 51. <u> </u> |
| Inhalant Drug | 52. <u> </u> | 53. <u> </u> |
| Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash) | 54. <u>0</u> | 55. <u>0</u> |

Codes For Observation/Perception Test Results

- (0) No DEC observation/perception test given
- (1) Passed DEC observation/perception test
- (2) Failed DEC observation/perception test
- (3) DEC observation/perception test given—
results unknown
- (8) No driver present
- (9) Unknown if DEC observation/perception
test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or
not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Hearse
 (8) Fire truck or car
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify):
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event 52*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Maneuver)

66. Precrash Stability After Avoidance Maneuver 0

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 0

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

Appendix C
Airbag Supplement

ACCIDENT SUMMARY

ACCIDENT DATE 93

POLICE INVESTIGATED (1,2,9)*

City _ _ _ _ County _ _ _

GENERAL LOCALITY

- (1) Freeway, Limited Access
- (2) Urban (City)
- (3) Urban-Rural (mixed)
- (4) Rural, Fields

CONFIGURATION (First Harm)

- (0) Struck Object or Pedestrian
- (1) Rear-End
- (2) Head-On
- (3) Rear-to-Rear
- (4) Angle
- (5) Sideswipe-Same Direction
- (6) Sideswipe-Opposite Direct.
- (7) NonColl:eg Fell from Veh
- (8) NonImpact Deployment
- (9) Unknown

FIRE INVOLVED (0) None

- (1) AirBag Vehicle
- (2) Other Vehicle
- (3) Both Vehicles
- (9) Unknown

NUMBER: VEHICLES INVOLVED

(8)=8 or more

PERSONS INVOLVED

INJURED PERSONS

MAXIMUM AIS IN ACCIDENT

OTHER VEHICLE: MAXIMUM AIS

PRIME/DEPLOY IMPACT w/AB VEH:
EVENT NUMBER

CDC 99-9999-9

TOTAL DELTA-Y

Model Year, Make, Model, Body Type:

86 CHEVROLET SUBURBAN

AIRBAG VEHICLE INSPECTION

DATE VEH. INSPECTED 93

REASON VEHICLE NOT INSPECTED

- (0) Not Required
- (1) Inspection Completed
- (2) Cannot be Located**
- (3) Repaired or Destroyed**
- (5) Refual or Impounded**
- (7) Other*

**Specify: _____

IMPACT DATA OBTAINED

- (0) No Data Obtained
- (1) CDC Only
- (2) Crush Profile Only
- (3) Trajectory Data Only
- (4) CDC and Crush Profile
- (5) CDC and Trajectory
- (6) Crush and Trajectory
- (7) CDC, Crush & Trajectory

BASIS OF DELTA-Y

- (0) Not Computed (Unknown Why)
- (1) CRASH - Damage Only
- (2) CRASH - Damage+Trajectory
- (3) Missing Vehicle Algorithm
- (4) Yielding Object Algorithm
- (5) Unknown Basis
- (6) One Vehicle Beyond Scope
- (7) Collision Beyond Scope
- (8) Insufficient Data

VEHICLE HISTORY

HAS AIRBAG VEHICLE BEEN IN
ANY PRIOR IMPACTS (1,2,9)*

HAS ANY PRIOR MAINTENANCE/SERVICE
BEEN PERFORMED ON SYSTEM(1,2,9)*

*Describe: _____

AIRBAG VEHICLE: FLEET PRIVATE

VIN JN1EB36CXNU1

MILEAGE UNK

SYSTEM READINESS LAMP
(In Instrument Cluster)

PRE-IMPACT LAMP CONDITION

- (1) Functioning/ProvedOut
- (2) Inoperative
- (9) Unknown

DRIVER'S REPORT OF
PRE-IMPACT FLASHING

- (00) No Flashing Reported
- (01) Continuous Flashing
- (02) --->Number of Flashes
- (11)
- (12) Constant Light
- (19) Flashing, Unkn Number
- (88) Not App (system removed)
- (99) Unknown

PERIOD OF PRE-IMPACT FLASHING

- (0) No Flashing
- (1) Same Day as Impact
- (2) Prior Day
- (3) Prior Two Days
- (4) Prior Week
- (5) Prior Month
- (6) Over One Month
- (9) Unknown

POST-IMPACT LAMP CONDITION

- (1) Functioning/ProvedOut
- (2) Inoperative
- (9) Unknown

POST-IMPACT FLASHING

- (00) No Flashing
- (01) Continuous Flashing
- (02) -->Number of Flashes
- (11)
- (12) Constant Light
- (19) Flashing, Unkn Number
- (88) Not Appl (removed)
- (99) Unknown

AIRBAG VEHICLE
FIRST HARMFUL EVENT

- (01) Fire or explosion
- (02) Immersion
- (03) Gas Inhalation
- (04) Fell from vehicle
- (05) Injured in vehicle
- (06) Other noncollision (specify):
- (07) Overturn
- (08) Jackknife with intraunit damage
- Collision With:
- (09) Pedestrian
- (10) Pedalcyclist
- (11) Railway train
- (12) Animal
- (13) Motor vehicle in transport (same roadway)
- (14) Motor vehicle in transport (other roadway)
- (15) Parked motor vehicle
- (16) Other type nonmotorist (specify):
- (17) Thrown or falling object
- (18) Boulder
- Collision with Fixed Object:
- (20) Building
- (21) Impact attenuator/Crash Cushion
- (22) Bridge pier or abutment
- (23) Bridge parapet end
- (24) Bridge rail
- (25) Guardrail
- (26) Concrete traffic barrier
- (27) Median barrier
- (28) Other longitudinal barrier (specify):
- (29) Highway/Traffic sign post
- (30) Overhead sign support
- (31) Luminaire/Light support
- (32) Utility pole
- (33) Other post, pole, or support (specify):
- (34) Culvert
- (35) Curb
- (36) Ditch
- (37) Embankment-earth
- (38) Embankment-rock, stone or concrete
- (39) Fence (wooden, wire, chain link, etc.)
- (40) Wall (stone, rock, metal, etc.)
- (41) Fire hydrant
- (42) Shrubbery
- (43) Tree
- (44) Other fixed object (specify):
- (45) Pavement surface irregularity (pothole, grooved, grates)
- (99) Unknown

AIRBAG VEHICLE IMPACT SUMMARY

VEHICLE ROLE

- (0) Non-collision
 (1) Striking Unit
 (2) Struck Unit
 (3) Both Striking and Struck
 (9) Unknown

MANNER OF LEAVING SCENE

- (1) Driven
 (2) Towed-due to damage
 (3) Towed - not for damage
 (4) Towed - details unknown
 (5) Abandoned
 (9) Unknown

NUMBER OF IMPACT EVENTS

- (8) 8 or more, (9) Unknown

- ROLLOVER (0) No Rollover
 (1) First Event
 (2) Subsequent Event
 (3) Yes, Unknown Event
 (9) Unknown

OVERRIDE/UNDERRIDE

- (0) No over/underride
 (1) Override - 1st CDC
 (3) - Other CDC
 (4) Underride - 1st CDC
 (6) - Other CDC
 (9) Unknown

AIRBAG VEHICLE DAMAGE

- CODES: (1) Yes, DAMAGED
 (2) No Damage
 (9) Unknown

LEFT FRONT FENDER DAMAGE

RIGHT FRONT FENDER DAMAGE

CENTER TOP OF GRILLE DAMAGE

FRONT BUMPER E.A. STATUS: Left

- (1) Normal Right
 (2) Extended
 (3) Partial Compression
 (4) Complete Compression
 (5) Not Applicable
 (9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

CONFIGURATION

- (0) Struck Object or Pedestrian
 (1) Rear-End
 (2) Head-On
 (3) Rear-to-Rear
 (4) Angle
 (5) Sideswipe - Same Direction
 (6) Sideswipe-Opposite Direct.
 (7) NonCollision Fell from Veh
 (8) NonImpact Deployment
 (9) Unknown

CDC

12 - ECEN - 1OBJECT CONTACTED: SUBURBAN

PRIMARY/DEPLOYMENT IMPACT:

EVENT NUMBER

TOTAL DELTA-V

LONGITUDINAL DELTA-V

CONFIGURATION

- (0) Struck Object or Pedestrian
 (1) Rear-End
 (2) Head-On
 (3) Rear-to-Rear
 (4) Angle
 (5) Sideswipe - Same Direction
 (6) Sideswipe-Opposite Direct.
 (7) NonCollision Fell from Veh
 (8) NonImpact Deployment
 (9) Unknown

CDC

12 - ECEN - 1OBJECT CONTACTED: SUBURBAN

NOTES:

AIRBAG SYSTEM DAMAGE

CODES: (1) Yes, Damaged*
 (2) No, Intact
 (8) Not App. (Removed)
 (9) Unknown

AIRBAG MODULE

SENSORS: Left Front

Center Front

Right Front

Rear, Cowl

DIAGNOSTIC MODULE

WIRING

KNEE DIVERTER

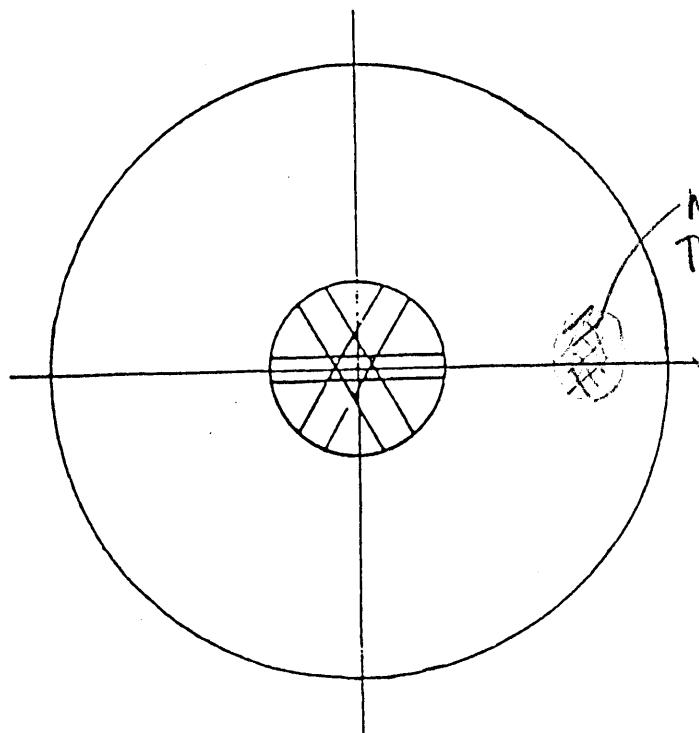
INDICATION OF DISCONNECTED
 OR LOOSE ELECTRICAL
 CONNECTORS

CONDITION OF DEPLOYED BAG

(1) Bag Intact
 (2) Split or Torn*
 (3) Cut by Object in Impact*
 (4) Cut after Accident*
 (5) Other (e.g., burned)*
 (8) N/A (not deployed)
 (9) Unknown

*DESCRIBE System and Bag Damage:

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:

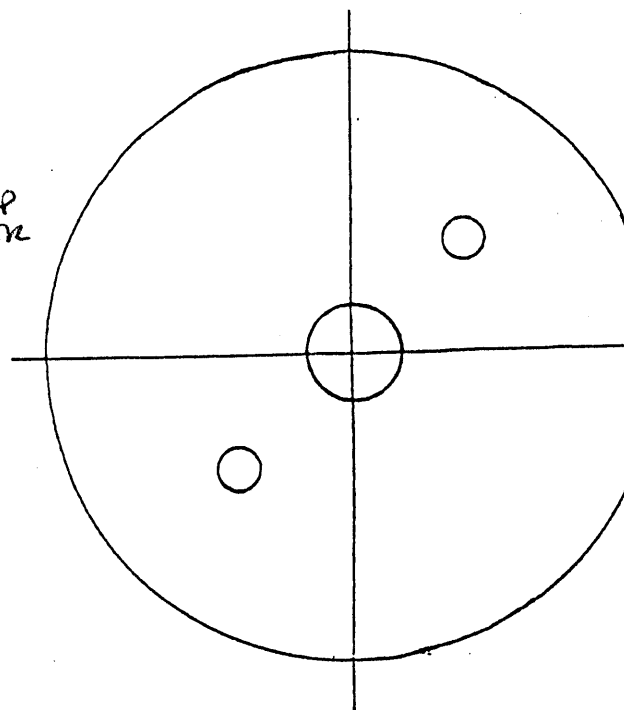


TOP

MAKE-UP
TRANSFER

BOTTOM

FRONT



BACK

| OCCUPANTS of AIRBAG CAR | | NOTES: |
|--|----------|-----------|
| NUMBER OF OCCUPANTS IN VEHICLE (8) 8 or more | <u>1</u> | |
| NUMBER OF INJURED PERSONS | <u>1</u> | |
| MAXIMUM AIS IN AIRBAG VEHICLE (0) No Injury (1-6) AIS Severity (7) Injured, Unknown Severity (9) Unknown | <u>2</u> | |
| DRIVER AGE <u>44</u> SEX <u>F</u> | | |
| NUMBER OF DRIVER INJURIES | <u>2</u> | |
| SOURCE OF BEST INJURY DATA | <u>1</u> | |
| (0) Not Injured | | |
| (1) Autopsy w/wo med. records | | |
| (2) Hospital Medical Records | | |
| (3) Emergency Room only | | |
| (4) Private physician, Clinic | | |
| (5) Lay Coroner Report | | |
| (6) EMS Personnel | | |
| (7) Interviewee | | |
| (8) Police | | |
| (9) Unknown | | |
| ----- | | |
| MAXIMUM AIS BY BODY REGION | | |
| REGION | MAX AIS | CONTACT |
| Head/Neck/Face | _____ | ____ |
| Chest | _____ | ____ |
| Abdomen | _____ | ____ |
| Leg/Hips | _____ | ____ |
| Other (Arms) | <u>2</u> | <u>45</u> |
| DRIVER MAXIMUM | _____ | ____ |
| ----- | | |
| EJECTION: Extent _____ | | |
| Portal _____ | | |

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown 1Evidence: PER DRIVER INTERVIEWDRIVER POSTURE: Any Comments Recorded (1) Yes, (2) No 1

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs and feet. Also note hand and arm position. Did driver brace before crash? Describe:

LEANING SLIGHTLY TO LEFT - LOOKING LEFTDRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No 2

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelry play any role?

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No 1

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

SAID AIRBAG FRACTURED HER FOREARMPASSENGER-AIRBAG CONTACT (1) Yes, (2) No, (9) Unknown 2

Describe: _____